



REQUEST FOR APPLICATIONS (RFA): #1001-04

**District of Columbia
Department of Health, HIV/AIDS Administration**

**FY 2005 Ryan White Title I Regional Grant
(District of Columbia, Suburban Virginia & Suburban Maryland)**



Invites the Submission of Applications for Funding under Title I of "Ryan White Comprehensive AIDS Resources Emergency Act of 1990 and amendments of 2000".

**Announcement Date: October 1, 2004
RFA Release Date: October 1, 2004**

Application Submission Deadlines:

| | |
|------------------------------|-------------------------------------|
| District of Columbia: | November 15, 2004, 5:00 p.m. |
| Suburban Virginia: | November 15, 2004, 5:00 p.m. |
| Suburban Maryland: | November 15, 2004, 5:00 p.m. |

LATE APPLICATIONS WILL NOT BE ACCEPTED



NOTICE OF FUNDING AVAILABILITY #1001-04

DEPARTMENT OF HEALTH HIV/AIDS ADMINISTRATION

FY 2005 Ryan White Title I Regional Grant

The Government of the District of Columbia, Department of Health/HIV/AIDS Administration in conjunction with the Prince George's County Health Department, the Northern Virginia Regional Commission and the Washington Metropolitan Regional Health Services Planning Council is soliciting applications from qualified applicants to provide a variety of support services to indigent, uninsured and under-insured persons who are HIV-infected. The Request for Applications (RFA) is both EMA-wide and separated by jurisdiction. For those applying in all jurisdictions the complete EMA-wide RFA will be available in the District of Columbia. Prince Georges County Health Department and the Northern Virginia Regional Commission will only have their sections of the RFA available for pick up.

A total of \$24,267,552 in FY 2005 Ryan White Title I Regional Grant funds will be available by the following jurisdictions: District of Columbia will have \$15,275,657; Suburban Maryland will have \$5,265,214; and Suburban Virginia will have \$3,726,681.

These funds are expected to be awarded contingent upon an award from the U.S. Department of Health and Human Services Health Resources & Services Administration (HRSA) to the District of Columbia Department of Health HIV/AIDS Administration (HAA) under the Ryan White Title I program. The funding is authorized by the Ryan White Comprehensive AIDS Resources Emergency Act as amended to provide services for low-income individuals with HIV/AIDS. The Washington Eligible Metropolitan Area (EMA) continues to be disproportionately affected by HIV and AIDS. The EMA includes programs with CBOs in Washington, DC, Suburban Maryland, Suburban Virginia and West Virginia.

Services under the FY 2005 Ryan White Title I Regional Grant programs includes outpatient primary medical health care, specialized case management, basic life needs and a variety of support services. The services requested will target the needs of homeless persons, gay, bisexual and transgender persons, women, children, adolescents/young adults, incarcerated, substance abusers, Latino/a and African Americans.

The Request for Applications (RFA) is both EMA-wide and separated by jurisdiction. For those applying in all jurisdictions the complete EMA-wide RFA will be available in the District of Columbia for pick up at 64 New York Avenue, NE, 5th Floor, Suite 5001 and on the following website www.opgd.dc.gov. The Prince Georges County Health Department will have their jurisdictional RFA available for pick up and on the web at the information listed below. The Northern Virginia Regional Commission will have their jurisdictional RFA available for pick up and on the web at the information listed below.

The Request for Application (RFA) submission deadline is Monday, November 15, 2004 for the District of Columbia, Suburban Virginia and Suburban Maryland. Applicants applying for EMA-wide service categories must submit application to the District of Columbia. Applicants applying for each jurisdictional RFA must submit their applications to the appropriate jurisdiction. The Pre-Application meeting will be held in the District of Columbia at 64 New York Avenue, NE, 5th Floor, Suite 5001, on October 14, 2004, from 10:00am – 1:00pm.

District of Columbia

**64 New York Avenue, NE
5th Floor, Suite 5001
Washington, DC 20002
Phone: 202-671-4819
Fax: 202-671-4860
Ebony.fortune@dc.gov
www.opgd.dc.gov**

Suburban Virginia

**Northern Virginia
Regional Commission
7535 Little River Turnpike
Suite 100
Annandale, Virginia 22003
703-642-0700
www@novaregion.org**

Suburban Maryland

**Prince Georges County
Health Department
Ryan White Program
1701 McCormick Drive
Suite 210
Largo, Maryland 20774
301-883-7848
www.co.pg.md.us**



N O T I C E

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

***FY 2005 Ryan White Title I Regional Grant
(District of Columbia, Suburban Virginia & Suburban Maryland)***

PRE-APPLICATION CONFERENCE

Attendance Required

WHEN: *October 14, 2004*

WHERE: *64 New York Avenue, NE
Training Room, 5th Floor
Washington, DC 20002*

TIME: *10:00 a.m. – 1:00 p.m.*

CONTACT PERSON: *Ebony Fortune
HIV/AIDS Administration
64 New York Avenue, NE
5th Floor, Suite 5001
Washington, DC 20002
Phone: (202) 671-4819
Fax: (202) 671-4860
E-mail: ebony.fortune@dc.gov*



Checklist for Applications
FY 2005 Ryan White Title I Regional Grant
(District of Columbia, Suburban Virginia & Suburban Maryland)

- ❑ The applicant organization/entity has responded to all sections of the Request for Application.
 - ❑ The Applicant Profile, Attachment A, contains all the information requested and is affixed to the front of each envelope.
 - ❑ The Program Budget is complete and complies with the Budget forms listed in Attachment I of the RFA. The budget narrative is complete and describes the categories of items proposed.
 - ❑ **The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins. Applications that do not conform to this requirement will not be forwarded to the review panel.**
 - ❑ **The application is to be submitted unbound. The application may be submitted with rubber bands or binder clips only.**
 - ❑ The applicant must submit six applications for each service area. Each of the six applications must be placed in an individual sealed envelope. Of the six (6), one (1) must be an original and the other five (5) are copies. *Example: If your organization is applying for funding in two (2) service categories, you must submit twelve (12) individually sealed envelopes.* Applications will not be forwarded to the review panel if the applicant fails to submit the required six (6) applications with one of the six marked “original”.
 - ❑ The application is submitted to the appropriate jurisdictional Administrative Agency no later than 5:00 p.m. on the deadline date of November 15, 2004.
 - ❑ The application is submitted with two completed original receipts, found in Attachment C1. Application receipts should be attached to the outside of the “original” envelope for approval by the appropriate jurisdictional Administrative Agency.
 - ❑ The application conforms to the “Application Format” listed in Section VI, of the RFA. **The review panel will not review applications that do not conform to the application format.**
 - ❑ The project narrative section is complete and is within the page limit for this section of the RFA submission.
 - ❑ The Certifications and Assurances, Attachment B, and all of the items listed on the Assurance Checklist, Attachment K, are complete and are included in the assurance package.
-



Three (3) sets are to be submitted; one (1) marked “original” and two (2) marked “copy”.

- ❑ The assurances are submitted with two completed original assurance receipts, Attachment C2. Assurance receipts should be affixed to the outside of the original envelope for the approval of the appropriate jurisdictional Administrative Agency.
- ❑ The appropriate appendices, including Memorandums of Understanding, job descriptions; individual resumes, licenses (if applicable) and other supporting documentation are enclosed.



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| SUBURBAN MARYLAND RFA | | |
| SUBURBAN VIRGINIA RFA | | |



**District of Columbia
Department of Health**

**Request for Applications (RFA): #1001-04
FY 2005 Ryan White Title I Regional Grant**

SECTION I GENERAL INFORMATION

Introduction

The purpose of Title I of “The Ryan White Comprehensive AIDS Resources Emergency Act of 1990 and amendments of 2000” is to reduce the overwhelming burden of HIV-related care on urban health systems by expanding the continuum of care and improving access to medically appropriate levels of care. The Washington Metropolitan Regional Health Services Planning Council, pursuant to the provisions of the Act, has adopted a comprehensive service delivery plan for the metropolitan area and established funding priorities for the four jurisdictions Washington, DC, Suburban Maryland, Suburban Virginia, and West Virginia.

The primary objectives of Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, as amended in 2000 are:

“ To expand and improve the range of ambulatory and outpatient health and support services, including comprehensive treatment, case management, community-based and transitional services that are available to individuals and families with HIV infection, in order to complete the continuum of care and provide services in the least restrictive setting”;

“ To make these services known and accessible to low income individuals and families and under served populations”; and

“ To establish and/or strengthen a coordinated, community-wide approach to planning and delivering HIV-related services.

These funds will be awarded to the District of Columbia HIV/AIDS Administration (HAA) by the U.S. Health Resources & Services Administration (HRSA) under the Ryan White Title I program contingent upon availability of funds. The funding is authorized by the Ryan White Comprehensive AIDS Resources Emergency Act as amended to provide services for low-income individuals with HIV/AIDS.

Target Population

In keeping with the objectives of Ryan White and the recommendations of the Metropolitan Washington Regional Health Services Planning Council, the governments of the District of



Columbia, Suburban Maryland, Suburban Virginia, and West Virginia counties in the Eligible Metropolitan Area (EMA) have determined that the target populations for Title I funds are indigent, uninsured, and under-insured persons who are HIV-infected.

The following target populations have been identified for services: 1) African Americans, Latino/as and other ethnic minorities; 2) other substance users; 3) individuals diagnosed with mental illness; 4) transgendered persons; 5) older adults (50 years & older); 6) infants and children. Priority consideration will be given to programs that emphasize improving service delivery to 1) women with dependent children; 2) programs that emphasize comprehensive services through a single service site; 3) programs that identify, assess and address the needs of the following six special populations a) youth (13-24 years old) b) injection drug users (IDU) c) men of color who have sex with men (MSM); d) white/anglo men who have sex with men (MSM); e) women of child bearing age (13 years and older) and f) incarcerated/recently released.

Applicants must establish, document, and maintain formal linkages with other major providers and key points of entry (i.e. emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters and other entities under section 2604 (b)(3) and 2652(a)) serving the target and special population(s) identified above.

Eligible Organizations/Entities

Not-for-profit and for-profit health and support service providers may apply, including universities, community-based organizations and government-operated health facilities, which are located within and provide service in the jurisdictions of the Washington metropolitan EMA, as identified above. Preference will be given to 501C(3) organizations. For-profit organizations may be funded if evidence is provided that they are the only organization able to provide the service.

Pursuant to HRSA's memo dated August 10, 2000, applicants that provide Medicaid covered services must be Medicaid certified in the jurisdiction where services will be provided. Evidence can be presented in the form of a Medicaid approval letter or an actual Medicaid number for the agency and/or provider. If your organization has never received Ryan White funding and you are not Medicaid certified evidence of an application to the appropriate jurisdiction for Medicaid certification must be submitted as a part of the Title I application in response to this RFA. This documentation must be included in the Assurance package.

Source of Grant Funding

The funds are made available through the US Health Resources and Services Administration (HRSA) and the District of Columbia HIV/AIDS Administration for the Washington



Metropolitan EMA in the four jurisdictions that consist of the District of Columbia, Suburban Virginia, Suburban Maryland and two counties in West Virginia.

The Ryan White Title I grant period is March 1, 2005 to February 28, 2006. An additional option year may be granted at the discretion of the District of Columbia HIV/AIDS Administration and its Administrative agents if funds are available. Only vendors that meet performance and compliance requirements will be considered for an additional option year.

Grant Awards and Amounts

All awards will be based on the availability of Ryan White Title I funds awarded to the Washington Metropolitan EMA from HRSA.

It is expected that the following amounts will be available for the District of Columbia:

| District of Columbia | |
|--|---------------|
| Source of Funding | Amount |
| Ryan White Title I (regular funding) | 13,245,357 |
| Ryan White Title I Minority AIDS Initiative Funding | 1,604,672 |
| District of Columbia Total | 14,850,029* |

***This does not include the off-the-top (OTT) funding.**

It is expected that the following amounts will be available for Suburban Maryland:

| Suburban Maryland | |
|--|----------------|
| Source of Funding | Amount |
| Ryan White Title I (regular funding) | \$ 5,290,956 |
| Ryan White Title I Minority AIDS Initiative Funding | \$ 639,635 |
| Ryan White Title I Rural Funding | \$ 148,715 |
| Suburban Maryland Total | \$ 6, 079, 306 |

It is expected that the following amounts will be available for Suburban Virginia:

| Suburban Virginia | |
|--|---------------|
| Source of Funding | Amount |
| Ryan White Title I Regular Funding | \$3,726,152 |
| Ryan White Title I Rural Set-Aside | \$181,372 |
| Ryan White Title I Minority AIDS Initiative | \$297,712 |
| Suburban Virginia Total | \$4,295,236 |

Multiple Submission

Applicants desiring consideration to provide services under more than one service category must submit a separate application for each service category.



Example: If your organization is applying for funding in two (2) service categories, you must submit a total of twelve (12) individually sealed envelopes (six (6) envelopes for each service category with one marked “original”)

Each application must be self-contained and include all of the required information as outlined in the RFA application format.

Contact Persons

For further information, please contact:

District of Columbia

Ebony Fortune
HIV/AIDS Administration
64 New York Avenue, NE
5th Floor, Suite 5001
Washington, DC 20002
Phone (202) 671-4819
Fax (202) 671-4860
E-mail: ebony.fortune@dc.gov
Website: <http://www.opgd.dc.gov>

Suburban Maryland

Ms. Devi Ramey – Title I Program Chief
Prince George’s County Health Department
Office of the Health Officer
1701 McCormick Drive, Suite 210
Largo, Maryland 20774
Phone (301) 883-7848
E-mail: dcramey@co.pg.md.us

Suburban Virginia

Stacie Balderston, Federal Grants Manager
Northern Virginia Regional Commission
7535 Little River Turnpike, Suite 100
Annandale, Virginia 22003
Phone : (703) 642-4643
Fax : (703) 642-5077
E-mail: stacieb@novaregion.org

Internet



Applicants who obtained this RFA through the Internet shall provide the jurisdiction in which they are applying with the following:

- Name of organization;
- Key contact;
- Mailing address;
- Telephone and fax numbers, and
- E-mail address

This information shall be provided so that the applicant will receive updates and/or addenda to the FY 2005 Ryan White Title I Regional Grant RFA.

Pre-Application Conference

A Pre-Application Conference will be held October 14, 2004, from 10:00 a.m. to 1:00 p.m., at 64 New York Avenue, NE, 5th Floor, Training Room Washington, DC, 20002.
(Metro Red Line – Union Station).

Questions Regarding the Contents of this RFA

Questions presented outside of the pre-application conference must be submitted in writing. Applicants must mail or fax questions to the contact persons listed above by November 1, 2004. Questions submitted after the deadline date will not be accepted. Please allow ample time for mail to be received prior to the deadline date.

Location of Services

Service providers must be located in the Washington Metropolitan EMA, which includes the District of Columbia.

Hours of Operation

The applicant must document when services are available and the specific efforts they will take to meet client needs. Hours of operation should be chosen to maximize successful utilization by the target populations. Priority will be given to applicants with flexible schedules that provide evening and weekend hours of operation.

Performance Standards and Quality Assurance

1. The applicant shall have a continuous quality management plan that includes a continuous quality improvement system and an implementation work plan to monitor and evaluate the delivery of all services, to ensure that identified deficiencies are addressed. At a minimum, the quality management program shall include a review of the appropriateness, quality, and



timeliness of each service and shall incorporate those quality assurance standards as have been approved by the Washington Metropolitan Regional Health Services Planning Council; U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA); and/or applicable state requirements which establishes professional practices.

2. Quality management programs should also focus on linkages, efficiencies and provider and client expectations.
3. The applicant shall develop and implement policies and procedures to evaluate the accuracy of data collection and reporting activities in accordance with protocols approved by the US Public Health Service (USPHS), Washington Metropolitan Regional Health Services Planning Council; U.S. Department of Health and Human Services, Health Resources and Services Administration; and/or applicable state requirements.

At the release of this RFA, the following protocols have been approved by the Washington Metropolitan Regional Health Services Planning Council and may be obtained as detailed in Attachment H of this RFA:

- ☐ Assisted Transportation;
- ☐ Day Treatment;
- ☐ Food Bank;
- ☐ Interpreting Support Services; (Interpretation Services)
- ☐ Mental Health;
- ☐ Nutritional Support;
- ☐ For the Primary Medical Care protocol, please refer to the Public Health Services Guidelines for the care of HIV infected persons, *Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents*; <http://www.cdc.gov/mmwr/preview/mmwrhtml/00054080.htm>.
- ☐ PWA Advocacy;
- ☐ Oral Health; and
- ☐ Volunteer Coordination.



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- ❑ In addition to the above mentioned Planning Council approved protocols each jurisdiction has a separate approved protocol for case management and may have separate protocols for other service categories.
4. The applicant shall participate in the evaluation of the funded project(s) by appropriate internal staff and/or external evaluators with the assurance that client confidentiality will be maintained. These activities may include, but need not be limited to, site visits, client surveys, or other data collection activities.

Monitoring

1. The Administrative Agency in each jurisdiction shall monitor and evaluate the performance of the Applicant according to the scope of work, approved budgets and related service delivery standards.
2. Applicants will be responsible for assuring that all clients receiving services provided through Title I funds sign the appropriate written consent forms. Such consent forms will permit proper monitoring by the Administrative Agencies.
3. The Administrative Agency shall review all written policies and procedures applicable to the project; review all monthly, quarterly and annual program and fiscal reports; conduct site inspections; and hold periodic conferences with the applicant to assess the applicant's performance in meeting the requirements of the grant.

Evaluation

The Administrative Agency shall be authorized to assess the applicant performance with respect to accomplishing the purposes of the grant. The Administrative Agency will work with the applicant to determine appropriate program and performance measures. The applicant's performance shall be assessed to determine the quality of the services delivered and the applicant's ability to deliver services according to the deadlines established in the grant agreement. The applicant's fiscal performance shall be assessed to determine compliance with accounting standards, OMB circulars and expenditure requirements. Participation in client satisfaction surveys will be part of the evaluation of program accomplishments. The Administrative Agency will complete a close out report on the performance of each applicant during the grant year.



SECTION II PROGRAM & ADMINISTRATIVE REQUIREMENTS

Program Requirements

1. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving Ryan White Title I funds.

2. Client Eligibility Criteria

In accordance the following criteria must be used by service providers to determine client eligibility for Ryan White Title I services:

Persons receiving Ryan White Title I funded services shall:

- a. Be a resident of the jurisdiction which is funding the services to be provided;
- b. Be HIV positive or have been diagnosed for AIDS or HIV related illness by a primary medical practitioner.
- c. In addition, a completed Medicaid application and documented submission date for all clients with incomes below the federal poverty level and T-cell below 200 is required when applying for Medicaid reimbursable services.
- d. Meet the 300% FPL.

Applicants, who provide services that are reimbursable through Medicaid and/or other insurers, **must use** a sliding fee scale for clients accessing these services through Ryan White Title I funds. The scale must be based on the 2004 Federal Poverty Guidelines. The requirements regarding imposition of charges for services are as follows:

- a. Clients with an income less than or equal to 100% of the 2004 Federal Poverty Guidelines will not pay a fee for the provision of services.
- b. Clients with an income greater than 100% of the 2004 Federal Poverty Guidelines will pay a fee for the provision of services and will be charged according to a sliding fee scale. The applicant will develop and post the sliding fee scale so that it is visible to clients and the general public.



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- c. Clients with an income greater than 100%, but not exceeding 200% of the 2004 Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding **5%** of their annual gross income;
 - d. Clients with an income greater than 200%, but not exceeding 300% of the 2004 Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding **7%** of their annual gross income; and
 - e. Clients with an income greater than 300% of the 2004 Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding **10%** of their annual gross income.

The amount assessed by the Applicant for charges to those clients whose income is greater than 100% of the 2004 Federal Poverty Guidelines is at the discretion of the Grantee. The Applicant will impose a nominal charge for the provision of services, taking into consideration the following:

- a. The limitations as established on public schedules b, c, d, and e above and the maximum amount of charges based on client's income;
- b. The medical expenses of the client in assessing the amount of the charge; and
- c. The annual sum of charges imposed for services, includes premiums, deductibles, cost sharing, co-payments, coinsurance, or other non-reimbursable charges.

2004 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

| Size of Family Unit | Poverty Guideline |
|----------------------------|--------------------------|
| 1 | \$9,310 |
| 2 | \$12,490 |
| 3 | \$15,670 |
| 4 | 18,850 |
| 5 | 22,030 |
| 6 | 25,210 |
| 7 | 28,390 |
| 8 | 31,570 |

FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD \$3,180 FOR EACH ADDITIONAL MEMBER. (THE SAME INCREMENT APPLIES TO SMALLER FAMILY SIZES ALSO, AS CAN BE SEEN IN THE FIGURES ABOVE).



Services will not be denied to clients seeking HIV/AIDS related care. Waivers may be granted for those clients above 100% FPL identifying inability to pay in consultation with program officer.

Applicants must include a statement indicating their willingness to adhere to the above reference eligibility criteria. Client eligibility must be assessed annually.

3. Client Advocacy and Grievances

The applicant shall develop and implement an agency grievance procedure that is sensitive to the needs of the target population, and participate in the EMA-wide PWA advocacy project. As part of the grievance procedure document, the applicant must name a designated contact person who will serve as the organization's link with the EMA-wide PWA advocacy project funded through the Washington Metropolitan Health Services Planning Council. Applicants must include a copy of their internal client grievance procedures in the Assurance package.

4. Reports

Once awarded Title I funds, each vendor will be required to submit monthly, quarterly and an annual and final reports to the Administrative Agency of the jurisdiction from which they receive funds. Monthly reports will be used to determine progress toward the completion of task requirements detailed in the grant scope of work. Failure to submit accurate and complete reports may result in the suspension of funds until acceptable reports are received. Late submissions of any required reports might result in a reduction of as much as half of the expected administrative expenditures for each particular month during which a required report is late. All reports must contain the required information in the format determined and approved by the Administrative Agency.

- a. Client based demographic data must include:
 - i. Total unduplicated number of persons currently receiving care;
 - ii. Summary socio-demographics of clients;
 - iii. Types of services, activities and the number of persons involved in each; and
 - iv. Total number of admissions, re-admissions and terminations from service during the month.
 - v. Total number of client deaths during the month.
- b. Narrative reports must include:
 - i. A summary of the results of the evaluation of services;
 - ii. A summary of progress toward meeting program goals and objectives; and



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- iii. Information regarding the extent to which established milestones for the time period have been accomplished, including corrective actions taken to address any problems.
 - iv. A summary of activities accomplished towards completing the quality assurance implementation work plan.
- d. Determinations for new client counts and unduplicated client counts are defined as follows:
- i. Unduplicated client counts is an accounting of clients in which a single individual is counted only once by a provider regardless of the number of services being provided, even if he or she receives services at more than one of the provider's sites.
 - ii. New client counts is an accounting of a person who is receiving services from a provider for the first time ever. Individuals who return for care to the service provider after an extended absence are not considered to be new and should be counted as a re-admission into care.
- e. Applicants shall collect and report data in accordance with HRSA's mandatory Care Act Data Report (CADR). This is an aggregate report requesting information about the provider, unduplicated number of clients served, summary socio-demographics of clients, (age, gender, race/ethnicity, exposure category), the number of service units and the number of clients that received services.
- f. A copy of financial expenditure reports covering the period for which reimbursement is being requested shall accompany all payment requests. Payment requests shall be based on invoices with supporting documentation and the receipt of appropriate supporting program data.
- g. The applicant shall submit to the Administrative Agency a final report no later than the 30th day after expiration of the grant agreement summarizing all service delivery data, expenditure reports, accomplishments, issues and recommendations.
- h. The applicant shall report unusual incidents by facsimile, e-mail or telephone to the Administrative Agency within 24 hours of the event and in writing within five (5) days after occurrence. An unusual incident is an event that affects staff (Administrative Agency's employees or applicant's staff) or clients that is significantly different from the regular routine or established procedures. Examples include, but are not limited to, unusual death; injury; unexplained absence of a client from a residence or program; physical, sexual, or verbal abuse of a client by staff or other clients; staff negligence, fire, theft, destruction of property, or sudden serious problems in the physical plant; complaints from families or visitors of clients; requests for information from the press,



attorneys, or government officials outside the jurisdiction involved with the grant; and client behavior requiring the attention of staff not usually involved in their care.

- i. Applicants must report client deaths in writing to the Administrative Agency within 48 hours of the occurrence.

5. Records

- a. The applicant shall keep accurate documentation of all activities of the project. Records must be legible, dated and signed with original signatures and credentials of individuals providing services. When delivering services to clients, the applicant must maintain records reflecting initial and periodic assessments, if appropriate; initial and periodic service plans; and the ongoing progress of each client. All clients shall be assigned a unique identifier and all client records shall be kept confidential. The applicant shall obtain written informed consent from the client that permits sharing and releasing the client's records in order to coordinate or verify services. A release of information form must be compliant with HIPAA regulations and maintained in each client record. All client information must be maintained in one record, regardless of whether a central or a separate site filing system is used.
- b. The applicant shall provide the Administrative Agency, and other authorized representatives of the Administrative Agency, such access to clinical records as may be necessary for monitoring and evaluation purposes. To ensure confidentiality and security, clients' records should be kept in a locked file controlled by appropriate applicant staff.

Administrative Requirements

1. Staff Requirements

For the purposes of this grant, "staff" is defined as any individual employee, individual consultant or individual contracted worker that receives compensation through these Ryan White Title I funds.

- a. The applicant shall employ and maintain documentation that staff possess adequate training and competence to perform the duties which they have been assigned.
- b. The applicant shall maintain a complete written job description covering all positions funded through the grant, which must be included in the project files and be available for inspection on request. The job description shall include education, experience, and/or licensing/certification criteria, a description of duties and responsibilities, hours of work, salary range, and performance evaluation criteria. Job description must reflect requirements noted in approved protocols and requirements listed under Applicant's Responsibilities in Section IV. When hiring staff for this grant project, the applicant shall obtain written documentation of relevant work experience and personal references.



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- c. Applicants that use individual contracted workers and or individual consultants must have signed and dated written contractual agreements maintained in a contract file.
 - d. The applicant shall maintain an individual personnel file for each project staff member that contain the application for employment, professional and personal references, applicable credentials/certifications, a signed drug free workplace statement, records of required medical examinations, personnel actions including time records, documentation of all training received, notation of any allegations of professional or other misconduct, and the applicant's action with respect to the allegations, date and reason if terminated from employment. Personnel files should be available to the Administrative Agency upon request;
 - e. The applicant shall provide orientation sessions for each staff member with respect to administrative procedures, program goals, policies and practices to be adhered to under the grant agreement. The applicant shall identify a person to serve as an ombudsman/liaison to the EMA wide PWA advocacy project.
 - f. The applicant shall provide evidence of continuing education opportunities to keep staff informed of new developments regarding the provision of HIV/AIDS health care and support services (i.e., treatment modalities, change in target populations);
 - g. The applicant shall maintain a current organizational chart that displays organizational relationships and demonstrates who has responsibility for administrative oversight and clinical supervision for each priority service activity;
 - h. The applicant shall obtain advance approval in writing from the jurisdictions Administrative Agency on any changes in staffing patterns or job descriptions;
 - i. The applicant shall indicate when there are vacant positions or new positions for which there are no staff resumes available; and
 - j. Applicant shall ensure that each staff member's file contains a signed confidentiality form.

2. Memorandums of Understanding (MOU's) and Subcontracts with other Organizations

- a. Memorandums of Understanding and subcontracts with organizations must clearly state objectives, goals and quantifiable outcomes that are consistent with the Ryan White Care Act's terms and conditions as required by the applicable jurisdiction.
- b. All Memorandums of Understanding and subcontracts with organizations must be signed and dated by both parties.



3. Facility Requirements

a. Regulations

The applicant's facilities used during the performance of the grant agreement shall meet all applicable federal, state, and local regulations for their intended use throughout the duration of the Grant Agreement. The applicant shall maintain current all required permits and licenses for the facilities. The applicant's failure to adhere to the terms and conditions of the Grant Agreement shall be a basis for termination of the Grant.

b. Emergency Back-up Site

The applicant shall submit the address of the identified emergency site facility for use as a result of a catastrophic event of the primary facility.

c. Handicapped Access

All facilities offered for the provision of services must be accessible to persons with mobility limitations, consistent with the Rehabilitation of the Handicapped Act, Public Law Section 95-602 (Section 504) and the Americans with Disabilities Act, as appropriate.

d. Maintenance

The applicant shall provide all supplies and services routinely needed for maintenance and operations of the facility such as security, janitorial services, or trash pick-up.

4. Use of Funds

Applicants shall only use grant funds to support HIV care services and cannot be used to provide cash and or direct financial assistance to individuals with HIV disease or to fund education and training for clients.

5. Administrative Costs

Applicants' budget submissions must adhere to a ten-percent (10%) maximum for administrative costs for FY 2005 Ryan White Title I Regional grant funds. All proposed costs must reflect either a direct charge to specific budget line items or an indirect cost. (See Attachment I)



6. Certifications and Assurances

Applicants shall complete, sign and return Attachment B “Certifications and Assurances”, as listed in Attachment K “Checklist” listed in Attachment B with the proposal submissions.

7. Insurance

The applicant, when requested, must be able to show proof of all insurance coverage required by law. All applicants that receive a Notice of Intent to Award under this RFA must meet the insurance requirements in Section VII “Jurisdiction Terms & Conditions”, within the time frame designated by the Administrative Agency.

8. Audits

At any time or times before final payment and three (3) years thereafter, the District and respective jurisdictional administrative agencies may have the applicant’s expenditure statements and source documentation audited.



SECTION III

SUBMISSION OF APPLICATIONS AND ASSURANCES

Application Submission Requirements

A total of six (6) **UNBOUND** applications are to be submitted. Each of the applications must be in an individually sealed envelope. **Of the six (6) envelopes, one (1) must be an original and five (5) must be copies.** A completed Attachment A must be affixed to the outside of each of the envelopes. Each service category is its own application and must have one original and five copies.

Example: If your organization is applying to receive funding in two service categories, your organization must submit a total of twelve individually sealed envelopes.

Applications that do not conform to this requirement will not be forwarded to the review panel. Telephonic, e-mail and facsimile submissions **will not be accepted.**

Assurance Package Submission Requirements

A total of three (3) **UNBOUND** assurance packages are to be submitted. Each of the three (3) sets of assurances must be in an individual sealed envelope. **Of the three (3) envelopes, one (1) must be an original and two (2) must be copies.** Attachment B, Attachment K and all of the certifications, affidavits and required documents listed in Attachment K must be included in the assurance package. A completed Attachment A must be affixed to the outside of each sealed envelope. **ONLY THREE (3) ASSURANCE PACKAGES SHOULD BE SUBMITTED FOR EACH ORGANIZATION.**

Example: If your organization is applying to receive funding in two service categories, your organization must submit a total of twelve individually sealed application envelopes, BUT ONLY THREE COMPLETE ASSURANCE PACKAGES (ONE ORIGINAL PLUS TWO COPIES).

Telephonic, e-mail and facsimile submissions **will not be accepted.**

ORGANIZATIONS THAT SUBMIT INCOMPLETE ASSURANCE PACKAGES MAY NOT HAVE THEIR APPLICATION(S) CONSIDERED FOR FUNDING.

Application and Assurance Package Submission Date and Time

Applications and Assurance Packages are due no later than 5:00pm, on November 15, 2004. All applications and assurance packages will be recorded upon receipt. Applications and/or assurance packages **submitted at or after 5:01pm,** November 15, 2004, will not be accepted. Any additions or deletions to an application will not be accepted after the deadline.

Application and Assurance Package Submission Locations



The six (6) applications and three (3) sets of the Certifications and Assurances listed in (Attachment K) **must be delivered to the appropriate jurisdiction from which you are requesting funds.**

For District of Columbia Services (detailed in Section IV, Part II), submit applications to:

**Department of Health/HIV/AIDS Administration
64 New York Ave, NE
5th Floor, Suite 5001
Washington, DC 20002
Attention: Ebony Fortune**

For Suburban Maryland Services (detailed in Section IV, Part III), submit applications to:

**Prince George's County Health Department
Ryan White Program
1701 McCormick Drive, Suite 210
Largo, Maryland 20774
Attention: Olive Majors**

For Suburban Virginia Services (detailed in Section IV, Part IV), submit applications to:

**Northern Virginia Regional Commission
7535 Little River Turnpike, Suite 100
Annandale, Virginia 22003
Attention : Stacie Balderston**

Mail/Courier/Messenger Delivery

Applications that are mailed or delivered by Messenger/Courier services **must be** sent in sufficient time to be received by the 5:00pm, deadline, November 15, 2004, at the individual jurisdictional locations. Applications arriving via messenger/ courier services after the posted deadline of **5:00pm, November 15, 2004, will not be accepted.**

HIV/AIDS Administration, Ryan White Program must accept and sign for application and assurance packages for it to be considered received.

Prince George's County Health Department, Ryan White Program staff must accept and sign for application packages.

NOTE: HAA will not accept responsibility for delays in the delivery of applications to the 5th Floor.



SECTION IV PROGRAM SCOPE I

PART I - ELIGIBLE METROPOLITAN AREA WIDE SERVICES (EMA)

A. Service Category OTT - SERVICE PRIORITIES FOR THE ELIGIBLE METROPOLITAN AREA (EMA)

Applicants responding to these EMA services must submit their application to the District of Columbia.

Service Category OTT-1 - PWA Advocacy Program

Approximately \$ 225,000 in Ryan White funds will be available to fund this service category.

The Department of Health is seeking applicants to continue and to expand the advocacy program, established by the Planning Council to increase PWA access to and knowledge of HIV/AIDS services available in the EMA.

Components of this program will include:

1. Advocacy
2. Outreach
3. Print & radio media campaigns
4. Distribution of print media including newsletters and/or PWA “bill of rights” palm cards and posters (available in English and Spanish) to increase awareness of eligibility and availability of existing services
5. Participation in Planning Council subcommittees
6. Operation of a 1-800 telephone line for the EMA
7. Assistance in the administration of a client satisfaction survey
8. Serve as an entry point to the grievance and client complaint resolution process, as well as track both inquiries and formal grievances.

Applicants will be required to have a board of directors in which PLWHIV/A are heavily represented, have representation of all affected populations and the major geographic areas encompassing the EMA and will be required to demonstrate linkages with other PLWHIV/A advocacy organizations EMA wide.

The applicant is responsible for demonstrating the ability to initiate and to provide programs, which increase PLWHIV/A knowledge of, and participation in the Advocacy Program throughout the EMA.

Applicants will ensure that the awarded grant amount is allocated to each of the jurisdictions based on their reported AIDS case count. The applicant will also be required to submit a



quarterly analysis and roll up that reflects the expenditures for each jurisdiction in addition to monthly programmatic and fiscal reports submitted with invoices.

The applicant is responsible for submitting written reports of client grievance and complaint findings and resolutions to the Grantee and Administrative Agency.
Only one applicant will be awarded funds in this area.

Service Category OTT-2 - Minority AIDS Initiative (MAI) – Primary Medical Care

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Funds for this program come from the Minority AIDS Initiative (MAI) (formerly the Congressional Black Caucus Initiative (CBC)). Preference will be given to Minority organizations or organizations with a history of providing services to minority communities as reflected in Attachments D and F-Culturally Competent Services. Organizations applying for CBC/MAI funds will be assessed using the National Standards for Culturally and Linguistically Appropriate Services in Health Care (available online at <http://www.omhrc.gov/CLAS>) developed by the Office of Minority Health of the U.S. Department of Health and Human Services. Minority organizations are defined by the Health Resources Services Administration as: Organizations where more than 50% of the Board of Directors, staff, and management are composed of minorities disproportionately represented in the AIDS epidemic according to local epidemiological data. Disproportionately represented minorities are: African-Americans, Hispanics, and Asian-Pacific Islanders.

Preference will be given to a single provider, if multiple applicants are funded, they will be required to coordinate services through the development of a coordinated work-plan post award.

Approximately \$ 47,716 in Ryan White MAI funds is available to fund this service category.

Minority AIDS Initiative (MAI) funds are to be used by providers who demonstrate the following:

- 1. The applicant is responsible for fulfilling all of the applicant responsibilities listed under Service Category 1 - Primary Medical Care in the District of Columbia Scope of Work section. In addition,**



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2. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.
 3. The applicant must be located in or near the targeted community intending to be served. The applicant is responsible for documenting links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
 4. The applicant is responsible for providing documentation of a history of providing services to the targeted community.
 5. The applicant will provide evidence of how 80% of new clients have accessed and remained in care from District of Columbia, Suburban Maryland, Suburban Virginia and West Virginia.
 6. The applicant will show evidence of outreach efforts that have resulted in new clients receiving primary medical care and other core clinical services.

The following are the other requirements of this service category:

- 1) Applicants must be located in the District of Columbia. The applicants is responsible for providing outpatient primary medical services to communities of color.
- 2) Preference will be given to applicants whose staffs are Spanish speaking and culturally sensitive to the needs of Latino's with HIV/AIDS.
- 3) Preferably the location of services should be in areas where there is a high concentration of Latino/a.



SECTION IV

PART II DISTRICT OF COLUMBIA

This section provides specific requirements for applicants who wish to provide services in the District of Columbia

Applicants must complete Table A: Scope of Work, identifying the service category total number of clients to be served, service units to be delivered and service category award amount. Refer to Attachment J for a copy of Table A and Attachment H (Implementation Plan) for a listing of appropriate service units. Do not include clients who are eligible to receive services covered under Medicaid or by private health insurance. For Medicaid covered services, applicant will be expected to show evidence of Medicaid certification or application for certification.

Target Population

In keeping with the objectives of Ryan White and the recommendations of the Metropolitan Washington Regional Health Services Planning Council, the governments of the District of Columbia, Suburban Maryland, Suburban Virginia, and West Virginia counties in the Eligible Metropolitan Area (EMA) have determined that the target populations for Title I funds are indigent, uninsured, and under-insured persons who are HIV-infected.

The following target populations have been identified for services: 1) African Americans, Latino/as and other ethnic minorities; 2) other substance users; 3) individuals diagnosed with mental illness; 4) transgendered persons; 5) older adults (50 years & older); 6) infants and children. Priority consideration will be given to programs that emphasize improving service delivery to 1) women with dependent children; 2) programs that emphasize comprehensive services through a single service site; 3) programs that identify, assess and address the needs of the following six special populations a) youth (13-24 years old) b) injection drug users (IDU) c) men of color who have sex with men (MSM); d) white/anglo men who have sex with men (MSM); e) women of child bearing age (13 years and older) and f) incarcerated/recently released.

Applicants must establish document, and maintain formal linkages with providers and key points of entry (i.e. Primary Medical care services, emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters and other entities under section 2604 (b)(3) and 2652(a)) serving the target and special population(s) identified above.

Service Category 1 Outpatient Primary Medical Care

Ambulatory outpatient medical care is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse



practitioner in an outpatient setting. This includes, diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties.) Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's Health Service guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Approximately \$ 3,920,519 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing outpatient HIV/AIDS medical care services directly or arranging for the delivery of the following:
 - a. Baseline examinations, including pelvic exams.
 - b. Medical monitoring and treatment.
 - c. Supportive and diagnostic laboratory services, including MRI, X-rays, CD4+, viral loads, and OB/GYN lab tests i.e., pap smears (rectal and vaginal), colonoscopy and vaginal discharge panel.
 - d. Sub-specialty consultations and follow-up sub-specialty care.
 - e. TB screening.
 - f. Chest x-rays as necessary for symptomatic PLWHIV/As suspected of being anergic.
 - g. Referral to TB control programs for following-up as necessary, including x-rays for anergic individuals.
 - h. All primary medical service providers must demonstrate the ability to link clients with dental, nutritional, mental health, and substance abuse counseling and case management.
 - i. Hepatitis A, B and C screening and Hepatitis A and B vaccine.
 - j. Treatment education and adherence monitoring.
2. The applicant is responsible for demonstrating provision of comprehensive services and coordinating with other service providers.



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- a. The applicant is responsible for describing referral arrangements or direct provision for sub-specialty care.
 - b. The applicant is responsible for ensuring that at least ten percent (10%) of funds should be budgeted for sub-specialty care although higher expenditures for specific populations may be considered if adequate justification is provided. In-kind equivalency may be substituted for part, or all, of this requirement provided that written confirmation is submitted with the application; that qualified sub-specialists are prepared to offer consultations and treatments outside of the government-funded budget.
 - c. The applicant is responsible for entering into cooperative arrangements with community-based hospitals to assure availability of outpatient diagnostic and sub-specialty care, facilitate admission to acute, inpatient care for clients, and provide a mechanism for post-discharge follow-up. Such arrangements are designed through linkages to offer a continuum of care to clients from the earliest stages of disease through the final stages. A written copy of the arrangements must be included in the proposal submission.
 - d. The applicant is responsible for describing methodology for coordination/integration of services between hospital and community care providers, and how they will work to reduce client visits to the emergency room.
 - e. The applicant is responsible for ensuring that medical care services provided meet the standards of the Planning Council approved primary medical protocols and the U.S. Public Health Services Guidelines for the care of HIV infected persons. Copies of the current guidelines can be found on the HIV/AIDS Treatment Information web site at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00054080.htm>. The guidelines are called *Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents*.
 - f. The applicant is responsible for including, in an appendix, protocols of care for the populations they intend to serve, including specific protocols for women and children where applicable.

Special consideration will also be given to applicants who offer appointments/services after normal working hours and/or on weekends, to increase access for patients who cannot leave work for frequent medical appointments.

- g. The applicant is responsible for prescribing HIV/AIDS Related Medications as indicated to individuals that demonstrate a medical need and ensure that protocols identify the laboratory tests required to establish a baseline for the types and frequency of follow up tests. Co-located outpatient medical care is the preferred approach for women and their children is the preferred approach for women with children.
- h. The applicant is responsible for providing management of AZT, protease inhibitor, and/or other anti-retroviral therapies, MAC and PCP prophylaxis, including aerosolized



pentamidine. TB screening of all clients is mandatory unless already known to be positive. Plans shall include referrals for sub-specialty medical care.

- i. The applicant is responsible for developing agreements, which ensure that services requested for persons in shelters, congregate living facilities, community resident facilities (CRFs), and day treatment facilities including primary care, skilled nursing, personal care services, meals and nutrition services are rendered.
- j. Applicant is responsible for development of a triage plan that includes provisions for addressing any delay of access to primary medical care.
- k. Applicants providing primary medical care or case management must have a “Medication Adherence Support Policy” that:
 - a. Defines standards for the development of individual plans that incorporate an assessment of potential barriers to adherence and strategies to address barriers that are identified.
 - b. Defines the roles and responsibilities of the consumer and each provider partnered in the care of the consumer (e.g. primary care providers, case managers, nutritionists mental health professionals, substance abuse counselors, and other staff or volunteers).
 - c. Outlines required documentation in the consumer record (s) of the coordination and communication among providers and the consumer in the development and implementation of the medication adherence support plan.
- 14. Applicant is responsible for ensuring current medical staff, physicians including infectious disease specialists or planned medical staffing for proposed services meet educational/experience criteria for providing services.
- 15. Applicant is responsible for ensuring medical staff attends mandatory Primary Medical meetings bi-annually.

Service Category 1a. Minority AIDS Initiative (MAI) - Outpatient Primary Medical Care

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Approximately \$ 811,673 in Ryan White (MAI) funds will be available to fund this service category.



Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **service category 1 Outpatient Primary Medical Care** above. In addition:
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant is responsible for providing documentation of a history of providing services to the targeted communities.
 - c. The applicant is responsible for documenting linkages to the targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.

Service Area 2 Case Management

Case management is defined as effective coordination of primary medical, psychosocial, support services, and referrals for appropriate entitlements. The goal of case management is to assure the independent functioning and adherence to treatment plans of clients for as long as possible. Case management plans are developed for individual clients and are based on an assessment of the person's needs and availability of resources. Emphasis should be on ensuring the timely access to services that are culturally and linguistically relevant, and sensitive to gender, gender identification, age, and sexual orientation of the client.

Approximately \$ 1,252,047 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for ensuring that all case managers shall provide entitlements counseling and assistance with entitlements to assure eligible clients receive entitlements.
2. The applicant is responsible for assuring that at intake, a case manager or staff designee screen clients for Medicaid. The applicant is responsible for ensuring the case manager or designee complete and submit the Medicaid applications for eligible clients. Case manager or designee are responsible for determining whether clients have private health insurance. If clients have private health insurance, clients should be referred for services



that can be paid for by the private insurance prior to referring them for Ryan White services.

3. The applicants is responsible for maintaining documentation of the status of Medicaid, Medicare and AIDS Drug Assistance Program (ADAP) applications for all Ryan White eligible clients. Case managers are responsible for providing to clients the following: informing clients of their rights to receive quality services; agency and EMA wide grievance process; services offered by the agency and other available community and Ryan White resources.
4. The applicant is responsible for ensuring that case management services should address specific populations including particular needs of women.
5. The applicant is responsible for demonstrating experience providing case management to persons with HIV/AIDS and employ culturally competent staff which reflect the racial, ethnic, sexual orientation, gender and linguistic background of the client population(s) they expect to serve.
6. The applicant is responsible for accepting referrals from hospitals, HIV counseling and testing centers, physicians and community organizations, HIV/AIDS service providers, discharge planners in the correctional system, as well as individuals and self-referrals.
7. The applicant is to assess whether client receives medical care. If client is not receiving medical care, the case manager or staff designee at intake shall schedule an appointment for client.
8. The applicant is to conduct a bio-psychosocial assessment for all clients.
9. The applicant is responsible for ensuring that:
 - a. Case management plans are developed with the active participation of the client.
 - b. Clients sign the case management plan with other providers providing services to client
 - c. The service plan is based on the information gathered during the needs assessment.
 - d. The service plan shall include specific goals
 - e. Objectives with defined activities.



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10. Applicant shall ensure service plans consider the different needs of clients and the capability of clients to meet his/her own needs; integration of services into plan and; must provide for immediate referral to counseling for clients presenting in a state of crisis, fear, anxiety, rage and or emotions requiring immediate psychosocial support; and should indicate what providers are currently in place in the event of a client crisis.
 11. The client case management plan developed by the case manager shall ensure integration of services.
 12. The plan shall include explanation of efforts to ensure the systematic coordination of a multi-disciplinary approach to ensure all needs are being met and that all persons, and or institutions impacting on the client are involved, as appropriate.
 13. The applicant is responsible for adhering to the DC Case Management Protocols standards for client/case manager ratio.
 14. The applicant is responsible for including information on existing staff-to-client caseload ratios and required qualifications for professional case managers.
 15. The applicant is responsible for ensuring MSW-LICSW supervision is provided to all case managers. Applicants must describe current staffing, or planned staffing for the proposed service and the educational/experience criteria used in employing the current or planned staff.
 16. The applicant is responsible for developing an agency and client crisis plan for all clients.
 17. The applicant is responsible for attending quarterly case management training sessions, monthly Case Management Operating Committee (CMOC) meeting, case management representation at the RW EMA wide case management subcommittee meetings and any HAA sponsored training/meetings.
 18. The applicant is responsible for expanding the availability of culturally, contextually, and linguistically appropriate case management services to Latinos, African-Americans and adolescents.
 19. Applicants providing primary medical care or case management must have a “Medication Adherence Support Policy,” that:
 - a. Defines standards for the development of individual plans that incorporate an assessment of potential barriers to adherence and strategies to address barriers that are identified.
 - b. Defines the roles and responsibilities of the consumer and each provider partnered in the care of the consumer (e.g. primary care providers, case



managers, nutritionists mental health professionals, substance abuse counselors, and other staff or volunteers).

- c. Outlines required documentation in the consumer record (s) of the coordination and communication among providers and the consumer in the development and implementation of the medication adherence support plan.
- 20. The applicant is responsible for maintaining and updating Ryan White eligibility in client's chart.
 - 21. The applicant is to adhere to the case management levels as outlined in the Case Management protocols. The applicant shall indicate the number to be served in each level.

Service Area 2a Minority AIDS Initiative - MAI Case Management

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Approximately \$ 175,840 in Ryan White (MAI) funds will be available to fund this service category.

Applicant Responsibilities:

- 1. Applicants must fulfill all of the applicant responsibilities listed under **Service Area 2 Case Management** above. In addition:
- 2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community intending to be served.
 - b. The applicant is responsible for providing documentation of a history of providing services to the targeted community.
 - c. The applicant is responsible for documenting links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.



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- d. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.
 3. The applicant is responsible for identifying the specific population to be served as outlined in the RFA.

Service Category 3 Oral Health

Oral health services are provisions of care designed to ensure access to and management of comprehensive oral healthcare. Oral health is integral to primary medical care for all clients with HIV/AIDS and is provided by general dental practitioners, dental hygienists and auxiliaries, dental specialists and other similar professional practitioners. Services include: dentures essential for the maintenance of health, diagnostic, preventative, prophylactic, therapeutic and other specialty care required in the event of unforeseen medical conditions such as hemorrhage, infection or trauma. Cosmetic procedures and restorations are not allowable unless they are medically necessary to alter, restore or maintain occlusion (close mouth) or nutrition.

Approximately \$ 726,628 in Ryan White funds will be available to fund this service category.

Cosmetic dentistry services will not be funded. Dentures essential for the maintenance of health will be included.

Applicant Responsibilities:

1. The applicant is responsible for providing ongoing dental care for people with HIV/AIDS, including prophylactic, diagnostic, and therapeutic dental services provided by dentists, dental hygienists, and other professional practitioners.
2. The applicant is responsible for including summary copies of all dental protocols and indicating how diagnostic laboratory values will be obtained.
3. The applicant is responsible for demonstrating the capacity to provide routine dental care including periodic oral cavity evaluations and cleaning by a dental hygienist and examination by a dentist.
4. The applicant is responsible for describing how it will directly provide, or through referral, culturally sensitive care and services, including bi-lingual services to clients with HIV/AIDS.
5. The applicant is responsible for providing services that include routine general and preventive dental services, including initial examinations, cleanings, fillings, extractions and other needed dental procedures such as root canals and periodontal and orthodontic treatment or have linkages to referral sources to provide portions of services not provided by applicant.



6. The applicant is responsible for establishing programs in collaboration with area dental schools to develop strategies to increase community and provider awareness about the dental needs of persons with HIV/AIDS and to increase their access to dental care.
7. Applicant will provide oral health services to individuals in need of care through MOU's with service providers that lack oral health capacity.

Service Category 4 Emergency HIV/AIDS Drug Assistance

The Emergency Drug Assistance Program (EDAP) as established in Section 602 Of PL 102-585 of the Veterans Healthcare Act of 1992 (known as 340B) allows for discounted drug purchasing. Applicants shall provide EDAP on an emergency episodic basis that will enable people with HIV/AIDS to receive essential and life saving medications for a time specific period. This assistance involves the provision of funds to redress the financial crises that often occur during the progression of HIV/AIDS, which may lead to the inability to purchase required medications necessary to sustain life. Eligible persons must be financially unable to obtain needed medication, denied health insurance covering specific medications and or pending Medicaid or ADAP approval. Prescription medications provided through EDAP shall not exceed three (3) months.

Approximately \$ 272,372 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing emergency HIV/AIDS drug assistance (EDAP) for persons waiting to become eligible for programs that cover HIV/AIDS treatment (such as Medicaid), treatment of disease or for persons not eligible for such programs. Funds shall be used to cover the costs of prescriptions, acute opportunistic infections that threaten death; dementia and/or blindness and FDA approved psychotropic drugs.
2. The applicant is responsible for apportioning their budgets throughout the grant year. In establishing the program, several options may be used, including but not limited to a voucher system, pharmacy cards, and designated pharmacy or pharmacists.
3. The applicants with drug dispersing capabilities are responsible for presenting evidence of participation in the Federal 340B program or application to it within 90 days of award.
4. In the program description and in the summary service chart, applicants must clearly delineate the number of clients to be served, service units to be delivered, and the procedures for administering and monitoring the program.
5. The applicant is responsible for providing EDAP services up to three months for those clients eligible for ADAP.



6. Medications to be dispensed will be provided immediately in accordance with established guidelines.

Service Category 5 Substance Abuse Counseling

Substance abuse outpatient treatment and counseling services are the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) provided in an outpatient setting rendered by a physician or under the direct supervisor of a physician, or by other identified quality personnel.

Approximately \$ 566,831 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing outpatient substance abuse treatment and counseling services for persons with HIV/AIDS. Services shall be developed through cooperative agreements and referral networks among primary medical care providers, case management providers, housing programs, mental health services and other existing substance abuse treatment services.
2. The applicant is responsible for providing specific services that include the provision of client assessments and individual, couple, and group counseling. Services are requested for persons with HIV disease who are on waiting lists for entry into traditional substance abuse programs and to assist clients involved with traditional resources to maintain a drug free lifestyle.
3. The applicant is responsible for providing services developed for dually or multiply diagnosed clients (e.g., substance abuse, mental illness, and HIV infection) coordinated by professional substance abuse counselors and delivered by Certified Addictions Treatment Counselors, or licensed mental health professionals with expertise in substance abuse specified as licensed professional counselors (LPC).
4. The applicant is responsible for demonstrating expertise in the management of persons with HIV and addictions. At a minimum, treatment interventions must consist of an initial interview, substance abuse index assessment, psychosocial assessment, and a treatment plan that outlines long-range goals and interventions for the client.
5. Applicants are strongly urged not to use bilingual interpreters in sessions with non-English speaking clients and must demonstrate linkages with bilingual and bicultural substance abuse counselors and mental health professionals.



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6. The applicant shall link clients with other addiction treatment services and if there are waiting lists, which create a delay in admission. If other such services are not available clients must be apprised of their expected waiting time for admission.
 7. The applicant is responsible for demonstrating the ability to competently serve substance abusers with HIV/AIDS, as demonstrated by licensure, expertise of staff, organizational policy, and program design.

Preferences will be given to applicants demonstrating service linkages with mental health services.

Priority will be given to applicants who offer programs tailored to the special needs of youth (including special minorities), women, the homeless, ex-offenders, the seriously and persistently mentally ill (SPMI), men of color who have sex with men, transgendered persons, and members of cultural ethnic minorities (including immigrants).

Service Category 5a Minority AIDS Initiative- Substance Abuse Counseling

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Approximately \$ 146,109 in Ryan White (MAI) funds will be available to fund this service category.

Applicant Responsibilities:

1. Applicants must fulfill the entire applicant responsibilities listed under **service category 5 Substance Abuse Counseling** above. In addition:
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community intending to be served.
 - b. The applicant is responsible for providing documentation of a history of providing services to the targeted community.



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- c. The applicant is responsible for documenting links to targeted populations so that it can help close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.

Service Category 6 Mental Health Therapy Services/Counseling

Mental health services are psychological and psychiatric treatment and counseling services to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such service, which includes psychiatrists, psychologists, clinical psychiatric nurses and social workers.

Approximately \$ 798,470 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing outpatient mental health services, which include diagnostic and treatment services to ensure a continuum of mental health services for HIV infected persons with an emphasis on those persons who are dually or triply diagnosed with HIV and mental illness and/or substance abuse including chronically mental illness DSM Diagnosis.
2. The applicant is responsible for documenting coordination/referral agreements between professional mental health providers;
3. The applicant is responsible for mental health services that include, but are not limited to, individual, couple, and group psychotherapy and psychiatric, psychological, and/or neuro-psychological assessments, treatment planning and monitoring, and psychopharmacology medications;
4. The applicant may provide group therapy sessions that include professionally facilitated support groups as well as spiritual and bereavement counseling. Priority consideration shall be given to the following target populations: people with chronic mental illness; people with significant HIV/AIDS related mental health problems. including HIV dementia, HIV mania, and clinical depression.
5. The applicant must ensure that appropriately licensed and/or certified mental health professionals provide all mental health services. Special emphasis shall be given to ensuring the availability of culturally sensitive services for racial and ethnic minorities and sexual minorities;



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6. The applicant is responsible for ensuring a continuum of care for HIV infected persons in need of mental health services;
 7. The applicant is responsible for either providing services on site with primary medical HIV/AIDS care, or demonstrating its capability or linkages to deliver comprehensive mental health services in an ambulatory setting;
 8. The applicant is responsible for demonstrating how it will assure the provision of culturally appropriate mental health services to African Americans, Latinos, women, and other ethnic and sexual minorities, either directly or through linkage with other providers. Mental health providers may not use interpreters in individual psychotherapy sessions or group sessions with non-English speaking clients;
 9. The applicant is responsible for demonstrating in writing linkages with bilingual and bicultural mental health professionals;
 10. Applicants proposing mental health services for women with infected or affected children shall demonstrate linkages with family centered primary medical care, case management, child care, transportation, permanency planning and legal services;
 11. Mental health services shall include, but are not limited to:
 - a. An initial evaluation of HIV infected persons referred, including: eliciting and documenting a comprehensive mental health history establishing mental health status and determination documentation of mental status;
 - b. Devise, prescribe and monitor initial treatment plan including the use of medication and individual and group psychotherapies;
 - c. Management of the dually and triply diagnosed, including the evaluation and management of persons experiencing adjustment disorders; the emergency evaluation of HIV infected persons for suicide ideation, and the triage and management of HIV infected persons in mental health crisis;
 - d. Documentation of clinical therapeutic activities;
 - e. Spiritual and bereavement counseling;
 - f. Monitoring of HIV infected persons who are taking certain drugs and the effects of medication on the client;
 - g. Long term follow-up for clients who are on psychotropic medications;



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- h. Supervision of ancillary mental health staff; and
 - i. Provision of professionally facilitated support groups for people with HIV/AIDS.
12. The applicant services shall include support groups led by professional therapists such as clinical social workers, psychiatrists, psychologists, or psychiatric nurses. Support group interventions shall be based on specific treatment goals.
13. The applicant is responsible for assisting with scheduling, space arrangements, and other activities related to organizing support group meetings. A plan for referrals to needed services, including case management, should be described. Support groups may be scheduled or provided on an as needed basis.

Service Category 6a MAI Mental Health Therapy Services/Counseling

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Approximately \$ 131,879 in Ryan White (MAI) funds will be available to fund this service category.

Applicant Responsibilities:

- a. Applicants must fulfill the entire applicant responsibilities listed under **service category 6 Mental Health Therapy Services/Counseling** above. In addition:
- b. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community intending to be served.
 - b. The applicant is responsible for providing documentation of a history of providing services to the targeted community.
 - c. The applicant is responsible for documenting links to targeted populations so that it can help close the gap in access to services for highly impacted communities of color.



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- d. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.

Direct Emergency Financial Assistance (Applies to service categories 7, 8, 9, 10)

Applicants shall provide financial assistance on an emergency episodic basis that will enable people with HIV/AIDS to remain in their own homes. This assistance involves the provision of funds to redress the financial crises that often occur during the progression of HIV/AIDS, which may lead to homelessness. Financial assistance may be in the form of vouchers or through direct payment made to vendors providing utilities, housing and/or telephone service, first months rent and security deposit, moving expenses, assisted transportation and emergency food vouchers.

Two or more awards will be made for these service categories.

Service Category 7 Food Voucher

Approximately \$ 221,922 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing food vouchers to individuals living with HIV/AIDS to be used for food and personal care items on an emergency basis. There is a \$500 cap for financial assistance per client/household per year.
2. The applicant is responsible for describing the process for the assessment of client's needs, financial status and status of eligibility for other food entitlement programs.
3. The applicant is responsible for addressing the methodology for prioritizing cases and addressing the needs of HIV infected persons with dependent children. The inability to secure food is the primary criteria for clients receiving emergency food vouchers.
4. The applicant is responsible for describing eligibility criteria, any limits and maximum allowances. Vouchers for food may be redeemed at food banks, SHARE programs, grocery stores, and/or other community based food distribution programs. Vouchers must state a restriction of the purchase of tobacco and alcoholic beverage products.
5. The applicant is responsible for having more than one type of food voucher available. Priority will be given to applicants proposing to provide vouchers for more than one grocery store chain.
6. The applicant is responsible for ensuring that clients receiving food vouchers are linked with appropriate nutritional counseling offered by a registered dietitian with experience working with the HIV/AIDS community.



Service Category 8 Assisted Transportation

Approximately \$ 239,634 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for coordinating transportation services and the proposed system should provide transportation that will ensure timely access to needed services for low income and/or physically disabled HIV infected residents.
2. The applicant is responsible for utilizing leased vans with drivers, a taxi voucher system, fare cards for public transportation, reimbursement's to family/friends for mileage and parking or a combination of approaches. These funds are not for the purchase of vehicles.
3. The applicant is responsible for providing appropriate modes of transportation for HIV disabled persons needing assistance or wheelchair accommodations.
4. The applicant is responsible for demonstrating coordination with other HIV service providers.
5. Applicants proposing to reimburse family/friends for mileage or parking shall demonstrate internal mechanisms that will track and assure the validity of the reimbursement.
6. The applicant must maintain an assisted transportation log.
7. The applicant must assure assisted transportation to primary care appointments and other Medicaid approved services are not provided by RW funds.

Special consideration will be given to applicants who demonstrate an ability to improve transportation services for clients with dependent children.

Service Category 9 Rental Assistance

Approximately \$ 376,821 in Ryan White funds will be available to this fund service category.

Applicant Responsibilities:

1. The applicant is responsible for providing emergency housing and related assistance enabling people with HIV/AIDS to remain in their own homes. Emergency financial assistance involves the provision of funds to creditors to redress the financial crises that often occur during the progression of HIV/AIDS, which may lead to homelessness. There



is a \$1,300 cap for financial assistance per client/household per year. Mortgage payments are not allowable.

2. The applicant shall assure clients in subsidize housing can access this service.
3. The applicant is responsible for providing financial assistance in the form of vouchers or through direct payment to vendors providing housing for people living with HIV/AIDS.

Service Category 10 Utility Assistance/ Telephone Assistance

Approximately \$ 114,373 in Ryan White funds will be available to fund this service category (Utility Assistance).

Applicant Responsibilities:

1. The applicant is responsible for providing financial assistance on an emergency episodic basis that will enable people with HIV/AIDS to remain in their own homes. This assistance involves the provision of funds to redress the financial crises that often occur during the progression of HIV/AIDS, which may lead to homelessness. Financial assistance may be in the form of vouchers or through direct payment made to vendors providing utilities, housing and/or telephone service for people living with HIV/AIDS.
2. The applicant must assure clients living in subsidize housing with utility allowance also qualifies for emergency utility assistance.
3. The applicant shall not exceed \$300 cap in this service category. Eligible clients must be residents of the District of Columbia, HIV positive, a financial plan shall be included in the service plan conducted by an HIV or social service case manager, and income below 300% of the 2004 Federal Poverty Income guidelines. Applicant must assure clients above the 300% FPL utility can be paid based upon 30% of their income.
4. The applicant is responsible for providing a copy of policies, which will determine financial and client eligibility criteria including descriptions of limits or maximum allowances.
5. The applicant is responsible for addressing the methodology for prioritizing cases and addressing the needs of HIV infected persons with dependent children.
6. The applicant is responsible for describing how it will coordinate with other providers to accept referrals.
7. The applicant is responsible for maintaining records on voucher payments including documentation containing verifiable information that details who received the payment,



the purpose of the payment, and the eligibility criteria for recipients. Enrollment in the applicants other services cannot be a prerequisite for emergency financial assistance.

8. The applicant is responsible for establishing a Memorandum Of Understanding with the Housing Opportunities for Persons With Aids (HOPWA) program providers and describing how clients are to be linked with HOPWA and other forms of housing assistance.
9. The applicant is responsible for providing directly or demonstrating linkages with other HIV case management programs.

Emergency Telephone Assistance

Approximately \$ 80,429 in Ryan White funds will be available to fund this service category (Telephone Assistance).

Applicant Responsibilities:

1. The applicant is responsible for designating funds to arrange and coordinate the installation of modified (basic) telephone service to eligible clients on a one-time only basis and to make an emergency payment for one month's basic telephone service. There is a \$300 cap for financial assistance per client/household per year.
2. The applicant is responsible for providing financial assistance in the form of vouchers or through direct payment to vendors providing telephone service for people living with HIV/AIDS.
3. Funds may be used to pay cell phone service. Long distance calls not allowable.

Service Category 11 Nutritional Counseling Services

Nutritional counseling services are defined as the provision of services that identify clients who may be at nutritional risk as a result of HIV related illness. Nutritional statuses are addressed through assessment and screening to determine clients nutritional needs to enhance quality of life. Nutritional management is integral to the care of all HIV-infected clients. Services for nutritional counseling are rendered by a registered dietitian and may be outside of primary care settings. Key services include follow up and nutritional support, counseling on restrictions, menu planning, supplements, education, and nutritional consultations with other primary health care and supportive service providers.

Approximately \$ 470,943 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:



1. The applicant's services are requested to sustain and increase the provision of nutritional support services, defined as nutritional assessments, meal planning, and diet management counseling on an individual basis and/or on a group basis (e.g., group dietary counseling services).
2. The applicant's nutritional counseling services shall be provided by a licensed dietitian and have the goal of developing healthy dietary regimens for people who are HIV positive and give special consideration to a client's drug regiment. Also, information on safe drinking water should be provided.
3. The applicant shall provide services that include culturally appropriate nutrition education as well as referral to food assistance programs such as food stamps, the special supplemental food program for women, infants and children (WIC), the Commodity Supplemental Food Program, home delivered meals and emergency food.
4. The applicant's nutritional services shall be integrated with outpatient HIV primary medical care programs, wherever possible. Relevant primary medical care information shall be a part of referrals for nutritional counseling.
5. The applicant shall develop nutritional assessments that identify nutritional needs, body lean and normal growth, treatment of wasting, management of drug and food or nutrient interactions, safe drinking water needs, and nutritional supplemental needs.

Service Category 13 Food Bank, Water Filters, Hygiene Products

Food bank services are defined as the provision of food items, feminine hygiene products and filtered water, including nutritional supplements and grocery vouchers distributed at community-based distribution sites.

Approximately \$ 402,953 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

The first priority is for those persons with HIV/AIDS without sufficient access to other food or filtered water resources. Special funding consideration will be given to services designed to reach eligible substance abusers and the mentally ill and offer water filters.

1. The applicant is responsible for specifying the organizational structure and mechanisms for obtaining, storing, and distributing foods and/or filtered water.
2. The applicant is responsible for providing instructions for or the installation of water filters.



3. The applicant is responsible for ensuring food banks shall provide food items identified as meeting the basic American Dietetic Association recommended dietary requirements, including fresh produce, poultry and fish.
4. The applicant is responsible for ensuring food bank services shall include a mechanism for the delivery of food and/or filtered water to the homebound.
5. The applicant is responsible for demonstrating sensitivity to ethnic and cultural food preferences for specific groups targeted by the Planning Council.
6. The applicant is responsible for providing a minimal amount of safe drinking water in the event of a water emergency as declared by the jurisdiction's Department of Health.
7. Applicant must provide information on safe drinking water on a regular basis as a part of ongoing services.

Service Category 14 Home Delivered Food (meals, groceries, nutritional supplement)

Home Delivered Food is defined as the collection and delivery of prepared meals, perishable and nonperishable food items, personal care and/or household items, condiments, and nutritional supplements for persons living with HIV/AIDS and their dependents that are homebound or shelter bound or unable to prepare meals for themselves or access other food programs like food banks. Priority should be given to homebound or shelter bound clients, clients with dependent children, low-income clients, and clients in substance abuse and mental health programs. It does not include finances to purchase food or meals.

Approximately \$ 854,049 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for ensuring grocery services are developed with the supervision of a registered dietician and whenever possible plans should be coordinated with the clients' caregivers, case managers, etc. Linkages with referrals to other food programs should be established to minimize duplication of services.
2. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. If waiting lists exist for services, the applicant must describe how such lists will be administered.
3. The applicant is responsible for demonstrating an ability to recognize food safety concerns, including:



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- a. Dented cans or previously opened food items.
 - b. Maintenance of perishable food items during storage and delivery.
 - c. Expired items.
4. The applicant is responsible for ensuring food handling practices meet the food safety standards as determined by the appropriate jurisdictional Department of Health.
 5. The applicant is responsible for providing a minimal amount of safe drinking water in the event of a water emergency as declared by the jurisdiction's Department of Health. Applicants must provide information on safe drinking water on a regular basis as part of ongoing services. The applicant is responsible for describing its plan to provide clients with information regarding safe drinking water.
 6. The applicant is responsible for ensuring home-delivered groceries shall operate on a weekly basis and provide a sufficient amount of food for a week's worth of meals. Groceries should include:
 - a. Nutritional supplements to prevent or treat wasting syndrome.
 - b. Food or special diets including diabetic, renal, vegetarian, as well as religious and personal preferences.
 - c. Fresh fruits and vegetables.
 - d. Food that demonstrates sensitivity to ethnic and cultural food preferences for minority populations.
 7. The applicant is responsible for providing a plan for the preparation and delivery of at least one meal daily that meets 100% of the dietary requirements of homebound or shelter bound persons with HIV disease. The plan for service should include:
 - a. Clinical diets, such as soft, liquid foods or extra portions and should take into consideration any special needs related to diagnostic testing, chronic diarrhea, and other conditions related to HIV disease.
 - b. Supplements to prevent and treat wasting syndrome.
 - c. Provision of fresh fruits and vegetables.
 8. The applicant is responsible for demonstrating how it will refer clients in outlying areas (out of the delivery area) to other resources and services.



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9. The applicant is responsible for defining and describing its delivery areas and demonstrating the ability to provide services in a timely manner to those areas.
 10. Applicants proposing to provide nutritional supplements only are responsible for:
 - a. Describing their process for collecting and delivering supplements;
 - b. Ensuring that the plan for distribution of supplements is supervised by a registered dietician; and
 - c. Demonstrating linkages with, and process for referral to, other food programs.
 11. The applicant is responsible for providing services to sustain and expand home delivered meals to people with HIV/AIDS with an emphasis on both dietary and cultural food preferences.
 12. The applicant is responsible for providing home delivered meals, which shall include the delivery of prepared foods, nutritional supplements, and vitamins to homebound individuals and their dependents who are unable to prepare meals for themselves. Services will be targeted to home or shelter bound individuals.
 13. The applicant shall develop meal plans under the supervision of a registered dietician and, whenever possible, plans should be coordinated with the client case manager.
 14. The applicant is responsible for demonstrating sensitivity to ethnic and cultural food preferences for specific groups targeted in the service plan.
 15. Services shall include coordination and distribution of medically prescribed dietary supplements.

Service Category 15 Discharge Planning

Applicants shall work with local detention officials to identify HIV-positive inmates and assist in the development of transitional medical services for each inmate that will ensure continuity of care (medical, medication, psycho-social services, etc.). Discharge planning includes persons released from community hospitals, juvenile detention centers, mental health and substance abuse treatment facilities.

Approximately \$ 304,890 in Ryan White funds will be available to fund this service category.



Applicant Responsibilities:

1. The applicant shall conduct a comprehensive needs assessment for all eligible HIV sero-positive clients discharged from juvenile facilities, hospitals, nursing homes, mental health facility, substance abuse facility or penal institution.
2. The applicant is responsible for developing a discharge service plan with the participation of the client or client's family.
3. The applicant must assure continuity of medical care of post-release HIV infected individuals
4. The applicant must assure psychosocial linkages and follow up upon discharge.

Service Category 18 Peer/Paraprofessional Counseling/Support Groups

Peer/Paraprofessional counseling/support groups are the provision of services to coordinate or direct the provision of support groups, to be led by peer leaders or professionals trained in psychosocial issues. These group interactions focus on emotional support, sharing of experiences and exchange of information.

Approximately \$ 147,662 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant will provide support group services, which coordinate or directly provide ongoing peer-led support groups for people with HIV/AIDS.
2. The applicant will ensure that psycho-social support groups are short-term groups (8-12 weeks) led by at least one professional including dietitians, herbalists, case managers or health educators, who provide emotional support and didactic information related to medical or psycho-social issues and to wellness topics including alternative and/or complementary therapies.
3. The applicant will give priority to support groups serving the RFA's stated target and special populations who are HIV infected or affected. It is anticipated that funding will result in one-third of peer-led group hours (i.e., the number of group hours times the number of people in each group) being indigenous culturally appropriate peer-led and special needs groups. Token stipends could be given as an incentive to recruit and retain peer-group leaders indigenous to these target populations that have highly specialized needs and low-income levels.



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4. The applicant is responsible for describing how it will offer directly or through referral culturally and linguistically appropriate services.

Service Category 19 Treatment Adherence/Compliance

Treatment adherence services are the provision of counseling or special programs to ensure readiness for and adherence to complex HIV/AIDS treatment.

Approximately \$ 277,149 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

The applicant will serve as an advocate for patient medication compliance with responsibilities for planning, developing and monitoring a client medication adherence program.

1. The applicant will be expected to determine reasons for non-compliance and to develop and execute plans to ensure improved compliance.
2. The applicant must be knowledgeable of medications, and the effects of non-compliance.
3. The applicant is responsible for educating clients by providing information concerning HIV/AIDS related medications and the disease process. Information will be provided in writing and verbally.
4. The applicant must provide support and emphasize to clients the need to comply with physician's regimens. Information will be provided through various methods including written material, consultation and other means.
5. Ensure that clients comply with medication regimens.
6. Inform clients of the availability, accessibility and benefits of the AIDS Drug Assistance Program.
7. Monitor client compliance progress and record results; develop and evaluate data.
8. Develop studies to evaluate collected data.

Service Category 20 Childcare/Babysitting

Childcare/Babysitting services are the provision of care for the children of clients who are HIV positive while the clients are attending medical or other social services appointments or attending related meetings, groups or trainings. This does not include childcare while a client is at work.



Approximately \$ 116,332 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing facility or home-based intermittent childcare for children of parents who have HIV/AIDS disease. Childcare will be offered in conjunction with funded providers to enable parents to keep essential medical, mental health, or other health, social service appointments.
2. Applicants must document complete Criminal Background Investigations on all paid or volunteer service providers working with children. All Investigations must be on file prior to the commencement of service.
3. Applicants must have established linkages with primary medical care, case management, mental health, and substance abuse providers.
4. Applicants in this area must describe how they will provide directly, or through referral, culturally sensitive care and services, including bi-lingual and bi-cultural services and how they will work with clients at the earliest stages of HIV infection as well as those with end stage diagnosis of AIDS.
5. The applicant is responsible for demonstrating their ability to meet State regulatory guidelines and licensure requirements governing childcare.
6. Applicants are required to describe in detail the plan for implementing a voucher program.

Service Category 22 Legal Services

Legal Services are the provision of services directly necessitated by a person's HIV status. Service utilize attorneys and/or paralegals, to assist persons with HIV/AIDS in the following areas: child custody; HIV/AIDS discrimination; immigration; development of wills and trusts; durable powers of attorney and advanced directives; appeal of entitlement denials; breach of confidentiality, Do Not Resuscitate order, bankruptcy proceedings, guardianship and other appropriate professional legal services

Approximately \$ 139,411 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing the following legal services: child custody; HIV/AIDS discrimination; immigration; development of wills and trusts; durable powers



of attorney and advanced directives; appeal of entitlement denials; breach of confidentiality, Do Not Resuscitate order, bankruptcy proceedings, guardianship, and other appropriate professional legal services

2. Attorneys providing services must be members of the State Bar Association or have the privilege of reciprocity.

Service Category 23 Complementary Therapies (Acupuncture/Massage)

Complementary therapies or products are provisions of service offered to minimize side effects of medications, manage pain, or increase overall quality of life. Services can include therapeutic massage or acupuncture and must be provided in accordance with standards of alternative practices.

Approximately \$ 265,259 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant will provide complementary therapy services **upon written referral** by the client's primary health care provider (or substance abuse counselor in the case of referrals for acupuncture associated with substance abuse treatment).
2. The applicant is responsible for providing complementary therapy services and/or products to clients.
3. The applicant shall provide complementary therapy services using practitioners with current valid license or certification from their profession certifying entity.
4. Funding priority will be given to the applicant providing services to the RFA's stated target and special populations. These include: African American gay and bisexual men; Latinos/as, including gay and bisexual men; women; women with children; transgendered persons; substance abusers; ex-offenders; people with chronic or acute mental health problems; people who are homeless; and people living in under served geographic areas. Special consideration will be given to providers whose staffs include bilingual professionals and demonstrated competence in working with cultural minorities.
5. The applicant is responsible for providing information about the training and expertise of the staff administering the treatments. Clients shall be provided with printed material about the treatment and about its success rate.
6. The applicant is responsible for indicating what steps they will take to ensure client participation and the methods used to ensure client awareness of his/her rights and the grievance process.



Service Category 23a MAI Complementary Therapies Massage/Acupuncture

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Approximately \$ 131,877 in Ryan White (MAI) funds will be available to fund this service category.

Applicant Responsibilities:

- 1. Applicants must fulfill the entire applicant responsibilities listed under service category 23 Complementary Therapies Massage/Acupuncture above. In addition:**
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community intending to be served.
 - b. The applicant is responsible for providing documentation of a history of providing services to the targeted community.
 - c. The applicant is responsible for documenting links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.

Service Category 24 Crisis Intervention Services

Crisis intervention services are defined as short-term, intensive interventions or consultations provided by licensed and/or certified mental health professionals. The primary objective of this program area is to increase available crisis intervention counseling services for people with HIV/AIDS who may have severe emotional crisis, which may be accompanied by substance or alcohol abuse. Crisis intervention services assist clients and care givers (acting on behalf of clients), in resolving acute psychological and emotional situations, including suicide prevention and emergency hospitalization referrals.



Approximately \$ 83,300 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing twenty-four hour voice service.
2. The applicants shall provide assistance to service agencies during business hours, which have limited or no capability to provide crisis intervention services.
3. Applicants shall provide emergency services for individuals with HIV/AIDS who are in crisis. During nights, weekends and holidays when HIV service organizations are not accessible innovative strategies should be sought to enable the client to receive intensive individual counseling and support by phone. Appropriate referral and follow up shall also be explored. Applicant shall establish memorandums of understanding with mental health providers to conduct face-to-face treatment.
4. The applicant is responsible for establishing formal linkages with housing providers and demonstrating expertise in managing mental health related crisis situations.
5. Applicant is responsible for establishing a written assessment plan, follow up and referrals if applicable.
6. Applicants should develop a safety management plan.
7. The applicant is responsible for developing policies establishing linkages with residential or inpatient mental health service providers and facilitating the inpatient admission process.

Service Category 26 Interpreter Services

Interpreter services are provisions put in place to assist non-English speaking individuals that needs translation in order to be provided care, instructions, education and assistance in communication. Services include translators, sign language, voice, relay, and tactile or oral assistance.

Approximately \$ 38,638 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing translation services in a multitude of languages to PLWHIV/A's who do not speak English as their first language or who are deaf/hearing



impaired. The purpose of interpretation assistance is to facilitate PLWHIV/A access to the full spectrum of HIV/AIDS treatment/support agencies.

2. The applicant is responsible for providing interpreter services directly or operate a central referral bank providing interpreter services.
3. Translators shall have technical language knowledge of health care terms; knowledge of HIV/AIDS terminology is preferred.
4. The applicant is responsible for working closely with medical providers to help improve access to care for all persons with HIV/AIDS.

Service Category 29 Home Health - Personal Care Aides

Personal care aide services is the provisions of services that provides for para-professional care by homemakers, home health aides, personal caretaker or attendant caregiver to assist clients with performing activities of daily living and management to help persons with disabilities remain in their homes. Services includes, cooking, bathing, grooming and lighthouse cleaning. This definition also includes non-medical, non-professional nursing assistance.

Approximately \$ 110,818 in Ryan White funds will be available to fund this service category.

These services must be provided by a licensed/certified home health agency in a home/residential setting in accordance with a written, individualized plan of care established by a case management team that includes appropriate health care professionals.

Applicant Responsibilities:

1. The applicant is responsible for providing personal care aide services to support people living with HIV/AIDS who are homebound in independent or congregate living settings.
2. The applicant is responsible for ensuring the personal care aide services shall be provided by certified personnel who have completed an approved training program and a manual skills checklist from an approved provider of training or an approved competency evaluation program.
3. The applicant will ensure all personal care aide services shall be under the supervision of a registered nurse, nurse practitioner and or physical therapists licensed in the District of Columbia and shall provide services in accordance with the provisions of the Federal Home Health Agency Regulations.



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4. The applicant is responsible for identifying specific strategies to provide improved salaries and benefits to strengthen the retention of personal care aide staff, thereby enhancing continuity and quality of care.

Service Category 30 Early Intervention Services

Early Intervention Services (EIS), are counseling, testing, referral, and information services designed to bring HIV positive individuals who know their status but are not in primary medical care, or who are recently diagnosed and are not in primary medical care into primary medical care through facilitating access to HIV-related health services and the HIV continuum of care.

Approximately \$ 498,347 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for testing of the client to enable the individual to learn about their status early in the progressions of the disease.
2. The applicant is responsible for providing counseling to newly diagnosed clients. The counseling should direct the clients understanding to modification of behaviors that may compromise their health. Additionally, the applicant is responsible for encouraging secondary prevention through actions such as self-disclosure to sex partners or needle-sharing partners.
3. The applicant must provide practical information and education on living with HIV/AIDS disease, including the availability and use of treatment therapies.
4. The applicant is responsible for providing referrals to primary care and case management to those who test positive. Of particular importance, referral for appropriate medical evaluation and clinical care, such as CD4 monitoring; viral load testing; antiretroviral therapy; and prophylaxis and treatment of opportunistic infections. The applicant must ensure that HIV positive individuals are referred, as needed, to the following services: oral health care, mental health care, substance abuse treatment, nutritional services, specialty medical care other health services. For individuals who test negative, the applicant is responsible for providing referrals to appropriate prevention and risk reduction programs.
5. The applicant must establish a feedback mechanism between the agency providing counseling and testing and the agency/agencies providing the medical and support services. The established mechanism should be designed to track HIV infected individuals for follow up on referrals and ensure that clients were able to obtain needed services.



Service Category 31 Personal Home Health - Professional Nursing

Professional nursing services are the provision of services provided in the home by a licensed health care professional such as registered nurses, licensed nurse specialists or nurse practitioners to assist persons unable to provide self care effectively during recovery without professional assistance or who would otherwise require institutional care for recovery. Services include, wound care, intravenous and aerosolized treatment, parenteral feeding, venipuncture, diagnostic testing, and other high-tech therapies and treatment.

Approximately \$ 65,552 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing home health services to include skilled nursing services furnished in the client's home according to a written individualized plan of care established by a physician or physicians. Proposals shall define specific services to be delivered.
2. The applicant is responsible for arranging a comprehensive array of skilled, therapeutic, palliative, and rehabilitative services provided by a trained licensed professional in a home/residential setting.
3. The applicant's Home Health Services are designed for patients with non-acute conditions related to HIV disease who are unable to receive outpatient primary medical care in a clinical setting, but do not require hospital care or nursing home placement. Services should include:
 - a. Maintenance of HIV infected persons in the community utilizing home health care, rehabilitation services, and personal care services.
 - b. Ensure a continuum of care for HIV persons by providing a comprehensive array of skilled, therapeutic, palliative, and rehabilitative services in the home as ordered by HIV primary care providers.
 - c. Ensure a continuum of care for HIV/AIDS clients by requiring applicants (home health and other providers) to provide personal care under the direction of a qualified service that may include 24-hour care as needed and demonstrate linkages with other personal care providers.
4. The applicant shall be able to offer the following range of services: home health aide and personal care aide; routine and skilled nursing; rehabilitation and mental health; intravenous and aerosolized medication treatments; venipuncture; parental feedings, and other high tech services, prosthetics, devices and durable medical equipment used by



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- clients in a home/residential setting (e.g., wheelchairs, inhalation therapy equipment or hospital beds and pharmaceuticals not covered by other reimbursement).
5. The applicant is responsible for providing directly or through contract with another entity all the services listed above.
 6. The applicant is responsible for describing how it will provide directly or through referral, culturally sensitive care and services, including bilingual and bicultural services, and how it will provide services to clients during the earliest stages of HIV infection, as well as those with end stage diagnosis of AIDS.
 7. Applicants for home health care shall provide physicians, nurses, nurse practitioners, physical therapists, occupational therapists, licensed medical social workers, nutritionists, and paraprofessionals as required. Physicians, nurses, nurse practitioners, physical therapists, occupational therapist, licensed medial social workers and nutritionists must be licensed in the jurisdiction they propose to serve.
 8. Applicants shall be licensed and certified to provide home health care to the clients they purpose to serve. Copies of their current licenses must be included in the application.

Service Category 32 Day Treatment

Approximately \$ 216,662 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing services that may include: case management; the provision of medical treatment; medical rehabilitation services such as physical therapy, occupational therapy, and assistance to individuals with HIV-related visual impairments; mental health interventions; substance abuse counseling and/or referrals to existing substance abuse counseling and treatment centers; training in wellness and independent living skills, vocational, recreational, and support services.
2. The applicant is responsible for providing programs that operate from 8:00 a.m. to 5:00 p.m., five days per week. Clients may access day treatment services on a full-time or part-time basis.

Special focus will be given to people who are homeless and to people with mental health and/or substance abuse diagnoses who may or may not access services on a daily basis.



Service Category 33 Respite Care

Respite care services are the provisions of services provided in community or home-based, non-medical non-professional assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client.

Approximately \$ 64,476 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing innovative and cost effective programs designed to relieve the primary care giver of the responsibility of providing day care for clients with HIV/AIDS or the client child. Respite care will afford periods of rest, relaxation, and recuperation for adult family members and/or significant others who are personal care givers for persons with HIV/AIDS.
2. The applicant is responsible for demonstrating its ability to place persons trained in providing in-home relief. Respite care workers will be trained by the provider and will adhere to the policies and procedures of the provider.
3. The applicant is responsible for describing how it will provide either directly or through referral, culturally sensitive respite care workers, including bilingual and bicultural persons.
4. The applicant is responsible for describing how it will work with clients at the earliest stage of HIV infection as well as those with end stage diagnosis of AIDS. Program performance will be measured by the number of hours of care given.
5. The applicant is responsible for demonstrating linkages within all its jurisdictions to set up a referral network for respite care services and establish linkages with home health/hospice providers to assure referrals when appropriate.

Service Category 34 Home Hospice Services

Home hospice services is defined as services that provide room, board, professional nursing care, physician services, personal care assistance, nutritional treatment and palliative therapeutic care to clients in the terminal stages of illness in a residential setting or home setting for terminal clients.

Approximately \$ 24,244 in Ryan White funds will be available to fund this service category.

Home hospice services are designed to:



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- a. Maintain HIV infected persons in the community utilizing home hospice, rehabilitation services, and attendant care/ personal care.
 - b. Ensure a continuum of care for HIV persons by requiring applicants (home hospice) to provide a comprehensive array of skilled, therapeutic, palliative, and rehabilitative services in the home and to demonstrate linkages with HIV primary care providers.
 - c. Ensure a continuum of care for HIV/AIDS clients by requiring applicants (home hospice and other providers) who provide personal care which may include 24 hour attendant care as needed and demonstrate linkages with skilled home care providers (home hospice).

Applicant Responsibilities:

1. The applicant services shall be provided by trained hospice staff and shall include psychosocial support for patients and significant others.
2. Applicants must define specific services to be delivered.
3. Applicants seeking funds for Home Hospice must be licensed and certified home hospice programs. Copies of their current licenses must be included in the application. Services provided in a home/residential setting must be in accordance with a written individualized plan of care established by a physician.
4. The applicant is responsible for demonstrating linkages with a home health agency to provide additional skilled care.
5. The applicant must include letters of collaboration (MOU's) in the application to demonstrate linkages, without which the application may be disqualified.
6. Applicants must be able to offer nursing care, attendant care, counseling, including bereavement and spiritual counseling, physician services and palliative therapeutics. It is acceptable to continue supportive medical therapies as long as these treatments enhance the quality of life.
7. The applicant is responsible for describing how it will provide directly or through referral, culturally sensitive care and services.
8. Applicants must ensure services are provided directly by the provider or through contract with another entity. In order to assure the clients continuity of care, proposals to provide only portions of the services will not be accepted.



Service Category 35 Bereavement Counseling

Approximately \$ 14,737 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing bereavement counseling services inclusive of spiritual support to persons with HIV/AIDS, their significant others and their caregivers.
2. The applicant is responsible for conducting and documenting client eligibility for receiving services, assessing the client needs and matching with available counseling. Services will be provided by counselors trained in both pastoral and secular care and involve individual and support group sessions.
3. The applicant is responsible for developing and maintaining client records. In addition, the applicant must implement, coordinate and monitor each individual's support group plan with periodic evaluation reports.

Service Category 36 Adoption/Foster Care/Permanency Plan

Funds are allocated to this priority area to support the provision of extended support and legal services related to child placement. This includes family counseling related to identification of and arrangement for future placement of children of infected parents and/or temporary placement of children of infected parents who are unable to care for them for a period of time, as well as financial counseling and planning and related services. Paralegals must be used in lieu of attorneys whenever possible.

Approximately \$ 33,659 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for establishing Memorandum of Understanding with public, private, and faith based organizations that focus on adoption, foster care, and kinship care placements.
2. The applicant shall maintain a listing of available resources for client placement.
3. The applicant shall make legal referrals for adoption, permanency planning or voluntary placement.
4. The applicant shall have childcare experience and knowledgeable about child welfare laws in the District of Columbia.



Service Category 37 Capacity Building

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Funds for this program come from the Minority AIDS Initiative (MAI) (formerly the Congressional Black Caucus Initiative (CBC)). Preference will be given to Minority organizations or organizations with a history of providing services to minority communities as reflected in Attachments D and F-Culturally Competent Services. Organizations applying for CBC/MAI funds will be assessed using the National Standards for Culturally and Linguistically Appropriate Services in Health Care (available online at <http://www.omhrc.gov/CLAS>) developed by the Office of Minority Health of the U.S. Department of Health and Human Services. Minority organizations are defined by the Health Resources Services Administration as: Organizations where more than 50% of the Board of Directors, staff, and management are composed of minorities disproportionately represented in the AIDS epidemic according to local epidemiological data. Disproportionately represented minorities are: African-Americans, Hispanics, and Asian-Pacific Islanders.

Capacity development is a set of core competencies that contribute to an organization's ability to develop effective HIV health care services, including the quality, quantity, and cost-effectiveness of such services. These competencies also sustain the infrastructure and resource base necessary to develop and support these services. Core competencies include: management of program finances; effective HIV service delivery, including quality assurance; personnel management and board development; resource development, including preparation of grant applications to obtain resources and purchase of supplies/equipment; service evaluation; and cultural competency development.

Approximately \$ 148,760 in Ryan White funds will be available to fund this service category.

Preference will be given to a single provider, if multiple applicants are funded, they will be required to coordinate services through the development of a coordinated work-plan post award.

1. An applicant is sought to provide technical assistance (TA) to Community Based Organizations (CBO's) in the areas of:
 - Financial Operations and Reporting
 - Board Governance
 - Strategic Planning
 - Funding Diversification



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- Medicaid Certification
 - Staff development
 - Quality Assurance Development
2. The applicant is responsible for demonstrating how the provision of technical assistance in financial management will help CBO's achieve standards of excellence in non-profit management and comply with Local, State, District of Columbia and Federal requirements, such as Office of Management and Budget Circulars A-133 and other applicable Circulars. Technical Assistance and Capacity Development services may include establishing internal control procedures in accordance with Generally Accepted Accounting Principles (GAAP).
 3. The HIV/AIDS Administration (HAA) and Administrative Agencies will identify participating agencies to enroll in the program. All services begin with a comprehensive needs assessment of the target agency to establish levels of need. Applicant may receive requests directly from vendors for TA but must coordinate services with the HIV/AIDS Administration (HAA). HAA may refer vendors not in compliance to applicant for assistance. An intake and needs assessment must be conducted to determine if the services requested are appropriate for the vendor requesting TA services.
 4. The applicant will be able to show the impact of capacity development for target CBO's system-wide program improvements.
 5. The applicant will offer group training in core competency areas of effective management and onsite Individual Technical Assistance (ITA) services are recommended in order to maximize the impact of services. TA is limited to programs with budgets of less than \$500,000, based on their most recent financial statement. Some exceptions may be granted at the discretion of HAA.

In priority order the applicant will:

1. Provide strategic planning assistance and assess missions of CBO's (15%);
2. Provide technical assistance for diversification of funding sources, including Medicaid certification assistance (20%);
3. Development of CBO staff, recruitment and utilization; and
4. Develop a community mobilization plan to involve all stakeholders interested in serving HIV/AIDS infected/affected community.

Service Category 39 Volunteer Coordination

Volunteer coordination is defined as services designed to meet the increasing demand for services by special-need, low-income clients including substance abusers, the mentally ill, the impoverished, and those residing in undeserved geographic areas.



Funding priority will be given to applicants expanding the indigenous culturally appropriate/competent volunteer services.

Approximately \$ 44,471 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for developing and administering volunteer recruitment, training, placement, support, monitoring and supervised services in conjunction with existing community based HIV/AIDS service organizations.
2. The applicant is responsible for demonstrating how it will expand the recruitment and retention of culturally appropriate volunteers, including bicultural and bilingual volunteers indigenous to the target population(s). In addition the applicant will describe how it will expand recruitment and retention of volunteers with highly specialized needs and low-income levels by providing tokens to assist with transportation or other volunteer related costs.
3. The applicant is responsible for demonstrating its ability to recruit, train, manage and deploy culturally appropriate and competent volunteers in order to provide a range of supportive services such as transportation, buddies, baby-sitting at AIDS service providers, nursing home visitors, food delivery and/or other services.
4. The applicant's program could include training to assist family members and/or significant others in becoming effective care givers.
5. The applicant is responsible for drawing upon traditional and nontraditional recruitment strategies, utilizing a network of churches, community groups, businesses and schools to obtain volunteers.

Service plans shall include specific strategies to recruit and retain culturally appropriate volunteers to work with African American and Latino clients and children with HIV/AIDS.



SECTION V REVIEW AND SELECTION OF APPLICATIONS

Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each applicant's application, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. DOH/HAA shall make recommendations for awards based on both internal and external factors to the Director of the Department Health who will make the final funding determinations.

Applicants' submissions will be objectively reviewed against the following specific scoring criteria listed below.

SCORING CRITERIA

Criterion A Theoretical and Technical Soundness of the Proposed Plan and Operation (Total 30 Points)

1. The objectives of the proposed project are clearly defined, measurable and time-specific. **(5 Points)**.
2. The proposed activities and work plan will result in the accomplishment of the project objectives. The proposed project will contribute to the achievement of the established objectives in the designated priority area(s). **(5 Points)**
3. The soundness of the proposed methodology/approach is demonstrated. Copies of protocols and/or operating procedures are provided, and are appropriate for the methodology proposed, i.e., hours of operation. **(5 Points)**
4. The proposed impact of the program on the target population(s) is clearly delineated and justified: **(5 Points)**
 - a. By the extent to which the program will enhance and ensure geographical and physical access to services and address identified barriers to care for the target population(s);
 - b. By the extent to which the proposed project/services will meet the specific needs of the target population(s).
5. The proposed project will enhance the continuity of patient care. **(5 Points)**



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6. Appropriate Memorandums of Understanding that demonstrate formal linkages and/or collaboration with other service providers are included. **(5 Points)**

Criterion B Relevant Experience and Organizational Capability (Total 40 Points)

Previously funded applicants shall describe how Ryan White Title I services were provided and describe the level of compliance with service delivery and expenditure target goals for the period of March 1, 2004 through September 30, 2004.

Applicants not currently receiving Ryan White Title I funds in the service categories for which funding is requested shall demonstrate the ability to achieve stated objectives, meet annual service delivery targets and effectively utilize funds requested through evidence of an aggressive marketing plan/program and linkages with referral resources including other service providers of the target population(s), i.e., referral agreements, memorandums of understanding, shared service arrangement, partnerships, coalitions, etc.

1. The application demonstrates the knowledge and experience relevant to the service applied for and in serving the target population, including: **(15 Points)**
 - a. Demonstrated support for the project from the Board of the organization applying;
 - b. The proposed project represents an expansion of an already existing program;
 - c. The applicant demonstrates competence in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff; and
 - d. The applicant has relevant experience with the population(s) and geographic area(s) to be served.
2. The proposal demonstrates cultural competency, sensitivity and appropriateness (racial, ethnic, economic, gender, disability, sexual orientation, etc.) by the following: **(15 Points)**
 - a. The applicant has identified and has gained an understanding of issues affecting the target population(s) by providing a mechanism for input from community leaders, civic organizations and advocates for and/or members of the target population(s) in planning and implementation of proposed services;
 - b. Members of the target population (or in the case of children, adolescents, active substance abusers, homeless and the chronically mentally ill, persons with experience in advocating for the target population(s)) are represented among staff, management, the board of directors and/or advisory body/bodies;



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- c. Language issues are addressed through the availability of staff with appropriate communication skills, including American Sign Language (ASL);
 - d. Sensitivity to issues of race/ethnicity, gender, culture/lifestyle and sexual orientation is demonstrated through the establishment of operating procedures which are accommodating and staffing policies which are compatible to the needs of the population(s) to be served;
 - e. A completed Table 1: Capacity to Provide Culturally Competent Services (Attachment D) is included in the application Appendices.
3. The applicant demonstrates the capacity to administer the proposed program. **(5 Points)**
 4. The applicant demonstrates provision of flexible schedule that provides for evening and weekend hours of operation. **(5 Points)**

Criterion C Sound Fiscal Management and Reasonable Budget (Total 20 Points)

1. The applicant demonstrates that the proposed budget is reasonable, realistic and will achieve project objectives. **(4 Points)**
2. The applicant demonstrates sound fiscal management practices through the description of their accounting system. **(4 Points)**
3. The applicant demonstrates financial stability through the description of sources of funding (other than Ryan White funds) and demonstrates capability to implement and maintain service delivery and administrative operations under a cost-reimbursement grant. **(7 Points)**
4. The applicant describes policies and procedures in place to ensure that Ryan White Title I funds will be used as the funds of last resort in accordance with the Ryan White CARE Act. **(6 Points)**

Criterion D Evaluation/Quality Assurance (Total 10 Points)

1. The applicant provides evidence of how it will comply with quality assurance protocols developed by the Ryan White Planning Council, the US Public Health Service, the jurisdictional Administrative Agency or other recognized bodies for the delivery of various health and support services as is appropriate to the service. **(5 Points)**
2. The applicant provides evidence of how the various services delivered will be evaluated. Evaluation will be with respect to performance outcomes and attainment of program targets. **(5 Points)**



Decision on Awards

The recommendations of the review panel are advisory only and are not binding on the Department of Health. The final decision on awards rests solely with the Director of the Department of Health. After reviewing the recommendations of the review panel, consideration of prior experience, and any other information considered relevant, the HIV/AIDS Administration will make recommendations to the Director of the Department of Health who shall decide which applicant to award funds and the amount to be funded.



SECTION VI APPLICATION FORMAT

Applicants are required to follow the format below. Each application must contain the following information and shall be divided by index tabs that clearly mark each section:

- Applicant Profile (**See Attachment A. Not counted in page total. Must be affixed to the outside of each envelope**)
- Application Checklist Form (**See page 3**)
- Table of Contents (**2 Pages**)
- Abstract (**2 page**)
- Project Description (**10 pages**)
- Organization, Experience and Qualification of Applicant (**5 pages, organizational chart and Table 3**)
- Applicants staff and subcontractor information (**3 pages**)
- Program Budget and Budget Narrative (**Not counted in page total**)
- Certifications and Assurances (**Place this information in the Assurance Package. Not counted in page total**)
- Appendices (Resumes, Organization Chart, Position Descriptions) (**Not counted in page total**)

The number of pages designated for each section (bulleted items above) is the maximum number of pages permitted per section. Applicants should feel free to submit fewer pages than the maximum stated. However, the maximum number of pages for the total application **cannot exceed 23 double-spaced pages (no single-spaced pages; any bulleted items must also be double-spaced) on 8½ by 11-inch paper. Margins must be no less than one inch and a font size of 12-point is required. All pages must be consecutively numbered. The review panel shall not review applications that do not conform to these requirements.**

Description of Application Sections

The purpose and content of each section is described below. Applicants should include all information needed to adequately describe their objectives and plans for services. It is important that applications reflect continuity among the goals and objectives, program design and activities, and that the budget demonstrates the level of effort required for the proposed services.



Applicant Profile

Each application shall have an Applicant Profile (Attachment A) affixed to the outside of each envelope, which identifies the applicant, type of organization, project service area and the amount of grant funds requested.

Table of Contents

The Table of Contents should list major sections of the application with quick reference page indexing.

Abstract

This section of the application should provide a summary overview of the applicant's total grant application. The applicant should highlight exemplary aspects of its proposed program and relate these to the selection criteria.

Project Description

This section of the application should contain the program narrative that justifies and describes the program to be implemented. The program narrative should include the following:

1. Target populations to be served;
2. Specific, measurable program objectives for the service area of the application;
3. Specific services to be provided;
4. Number of service units to be provided;
5. Service methodology/approach;
6. The number of unduplicated clients to be served;
7. The impact of the proposed project;
8. The cultural relevancy and appropriateness;
9. The extent to which access barriers to the target are addressed;
10. The extent to which continuity of patient care will be enhanced;
11. Quality assurance mechanism(s) including quality improvement plan and quality assurance implementation plan; and



12. Discussion of implementation of evaluation plan (include complete evaluation plan).

The application must include separate program descriptions, time-specific work plans by work site delineation of activities needed to achieve the service objectives and budget with budget narrative justification for each distinct service for which funding is being requested. An evaluation plan, specific to each service area for which grant funds are being requested, must also be provided. The evaluation component should be included in the appendix and referenced in the program description for each service.

Organization, Experience and Qualifications of Applicant:

Applicants must provide the following information in this section:

1. Name, address, telephone number and Federal tax ID number are required. District of Columbia applicants must submit a DUNS number. To acquire a DUNS number, call 1-800-333-0505;
2. Name, title, address and current telephone number of applicant's contact person;
3. Information about previously performed grants or contracts for related work over the past five years with federal government or local governments in eligible jurisdictions, including grant or contract numbers and inclusive dates, amounts, and the name of the grant officers (and/or his/her technical representative). A specific description of services provided, using terms, phrasing and abbreviations understandable at the lay person's level; and
4. Applicant's qualifications, experiences and management, staffing, training, and service facility description to demonstrate capacity to meet requirements of this grant program.

Applicants shall be required to maintain an accounting system in accordance with generally accepted accounting principles. Such records shall be made available to the funding agency, upon request. Organizations who received more than \$300,000 in Fiscal Year 1999 must submit a copy of their most recent OMB A-133 or A-128 audit with their application, in accordance with Federal law. Include a copy of the audit in the assurance packet.

The application shall contain information regarding the applicant's organizational structure, current financial status, and financial stability including:

1. Current certified statement of the applicant's financial condition (not more than twelve months old and prepared by an independent CPA, who is not an employee of the applicant). Include a copy of the financial statement in the assurance packet;
2. An organizational chart that lists full-time personnel within each organizational unit of the applicant's organization; and



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3. A description of the applicants accounting system to demonstrate sound fiscal management practices;
 4. A description of the applicants policies and procedures in place to ensure that Ryan White funds will be used as funds of last resort;
 5. A description of the applicant's sources of funding (other than Ryan White funds) to demonstrate capability to implement and maintain service delivery and administrative operations under a cost reimbursement grant.
 6. The name of the Chief Executive Officer and other key managers, by title, who will have major policy and decision-making responsibilities for this grant, if awarded.

Each jurisdiction reserves the right to request additional information regarding the applicant's organizational status and to require the applicant to obtain an appropriate license, registration or certification to transact business in the jurisdiction if such license, registration or certification is required by law.

Applicant's Staff and Subcontractor Information:

The applicant shall list the names and titles of top management, line supervisory, and key professional personnel who will be assigned to the proposed project and state the percentage of time each will devote to the project in total for each distinct service area for which funding is requested. Applications must include resumes and job descriptions. Resumes and job descriptions must be placed in the appendix.

Resumes must include the following:

1. Full name;
2. Title and area of specialty;
3. Affiliation with the project (staff of applicant or subcontractor);
4. Experience directly related to the proposed project. If the individual worked on any of the previous Federal, District government or other eligible local government grants or contracts cited in Section I of the RFA, they should be referenced by number;
5. Education/training/publications;
6. Staff or subcontractor staff employed by or under contract with the applicant as of the date of proposal submission are to be included, as well as staff which will be hired upon award of the grant if staff will provide services relating to the grant; and



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7. Documentation that each of these management key personnel possesses adequate education, training and experience to perform the duties to which they are assigned. Staff persons must meet all applicable requirements for certification and or licensing, and shall be adequately trained to perform required duties.

Job descriptions must include the following:

1. Education requirements;
2. Experience requirements;
3. Certification requirements;
4. Description of duties and responsibilities;
5. Hours of work;
6. Salary range; and
7. Performance evaluation criteria.

Job descriptions must be specific to the position to be funded. Submission of generic job descriptions or existing job description for similar type positions is unacceptable. The job description must also specify requirements relative to accountability and supervision. When hiring staff, written work experience and personal references must be obtained and documented.

Applications must describe the manner in which the proposed staff and any subcontractors will be managed and what the reporting relationships will be. The name of each proposed staff member or subcontractor staff and the percentage of time that each will devote to the project shall be depicted. Include in the appendix any memoranda of understanding (MOUs) or subcontracts for any services to be provided under this grant.

For those programs wherein ten percent (10%) or more of the population to be served is comprised of minority persons, applicants are required to provide evidence of the bilingualism/biculturalism of the Board of Directors, management, and staff of the organization. Applicants are also required to complete Table 3, *Documentation of Composition of Board of Directors and Management*.

Proposed Budget and Budget Narrative Justification:

Applicants must provide a detailed budget for the expenditure of funds for each proposed service. The budget must clearly state all cost and price information on activities required to implement the project. Budget requests must be itemized with an accompanying brief narrative



justification of each major budget item. The budget justification must also reflect any in-kind and non-grant resources supporting the proposed service(s). **All funds are to support HIV care services and cannot be used to provide direct financial assistance to individuals with HIV disease or to fund education and training.**

The applicant's budget must identify the total number of staff persons required and the specific time allocation for each staff member working to provide the service(s). Any proposed agreements with subcontractors must also be clearly identified in the budget.

XPRES Data Management Plan Budget Narrative:

XPRES is the required data management system for **all** Title I providers in the Washington Metropolitan EMA. Applicants may apply for up to 3% of their requested funds to support personnel and equipment responsible for data entry using the XPRES software, the preparation of the XPRES reports, and the preparation of the HRSA CARE Act Data Report (CADR).

Applicants shall submit a data management budget narrative describing how their XPRES funding will be used. The Planning Council has set aside this money to assist the provider in maintaining a computerized log of services provided to clients, using the required XPRES system. The data management budget narrative may contain amounts needed for hardware (such as computer and/or printer), for coding data forms, for data entry, for data reporting, and/or for management of these tasks. Staff for data coding and data entry may be part-time staff hired through temporary agencies.

Agencies will no longer be permitted to submit manually kept records. Agencies will no longer be permitted to substitute other electronic data reporting systems for XPRES. Agencies that are not compliant with using XPRES will not be considered for continued funding.

Certifications and Assurances (Assurance Package):

Applicants seeking funding shall complete and return one (1) unbound original and three (3) copies in a sealed envelope, of all required certifications and affidavits with the Certifications Checklist included as stated in the Mandatory Application Requirements, Section I. The envelope must be sealed and the Applicant Profile (Attachment A2) must be affixed to the outside of the envelope.

ORGANIZATIONS THAT SUBMIT INCOMPLETE ASSURANCE PACKAGES MAY NOT HAVE THEIR APPLICATION (S) CONSIDERED FOR FUNDING.

Appendices:

1. TABLE A: Scope of Work (Attachment G);



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2. Time Specific Work Plan;
 3. A copy of any specific license or certifications required to perform the service;
 4. Resume of each individual that will be funded by this grant;
 5. Job descriptions for all positions that will be funded by this grant;
 6. Evaluation Plan;
 7. Copies of all Memoranda of Understanding (MOU) and/or Subcontracts related to providing services funded by this grant;
 8. Copies of letters of collaboration/linkage with other service providers;
 9. Capacity to Provide Culturally Competent Services (Attachment D);
 10. Linkage With Other Service Providers (Attachment E);
 11. Documentation of Composition of Board of Directors and Management (Attachment F); and
 12. Service Protocols (Attachment H).
 - a. All applicants must provide a statement (on organizational letterhead) certifying that you will adhere to a specific service protocol;
 - b. Applicants using a standard national/state protocol must include a copy of the title page and table of contents;
 - c. Applicants using a protocol approved by the Metropolitan Washington Regional Health Services Planning Council or the jurisdictional Administrative Agency must include a copy of the first page of that protocol; and
 - d. If there is no national/state or Planning Council approved protocol for the service area for which applicants are applying, and applicants are adhering to an internal organizational protocol, the entire protocol must be provided.



SECTION VII

DISTRICT OF COLUMBIA GRANT TERMS AND CONDITIONS

All grants awarded under this program, shall be subject to the following terms and conditions:

1. Technical Assistance

The District of Columbia Department of Health, HIV/AIDS Administration Ryan White Title I Program shall offer technical assistance for issues related to this RFA.

Contact:

Technical assistance will be offered as detailed in Section I of this RFA.

2. Audits

- a. At any time or times before final payment and three (3) years thereafter, the Grantee (District of Columbia Department of Health HIV/AIDS Administration) may have the organization's expenditure statements audited.
- b. The organization shall retain independent auditors to audit all projects which are funded by a Ryan White grant award on an annual basis, or at such time as the Federal, State or the County shall determine, in accordance with OMB Circular No. A-133.
- c. Applicants with annual budgets of more than \$500,000 must submit an audit in compliance with OMB Circular No. A-133 for the calendar year or fiscal year that included 2003. The audit must be submitted with this application. Applicants with annual budgets under \$500,000 must submit a Certified Financial Statement (prepared by an independent CPA) for the 2003 calendar year or fiscal year that included December 2003. The Certified Financial Statement should be comprehensive, covering all sources of funding, and include a signed and dated Independent Auditor's Report and a Schedule of Findings. The Certified Financial Statement must be submitted with this application.

3. Insurance

During the term of the grant, all organizations will be required to obtain and keep in force commercial general liability insurance, to include off premises activities when applicable, covering bodily injury, death, and property damage in the minimum amounts of two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence. All organizations shall be required to maintain physical and sexual abuse liability coverage in the amount of one hundred thousand dollars (\$100,000) per individual and three



hundred thousand dollars (\$300,000) per occurrence. All Certificates of Insurance must list the specific applicable dollar amounts as described herein. Organizations may be required to carry additional insurance depending on the service areas provided under the terms of their award, as follows:

- a. The organization shall carry employer's professional liability coverage of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.
- b. The organization shall require and maintain professional liability coverage on all contracted workers/consultants of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.
- c. In instances where organization-owned vehicles are utilized in transporting clients served or employees and/or consultants funded by this project, the organization shall carry comprehensive automobile liability insurance covering all automobiles used in connection with the grant. The policy shall provide for bodily injury, death, and property damage liability in the minimum amounts of Two hundred thousand dollars (\$200,000.00) per person and Five hundred thousand dollars (\$500,000.00) per occurrence.
- d. The organization shall carry workers' compensation insurance covering all of its employees employed upon the premises and in connection with its other operations pertaining to the grant agreement, and shall comply at all times with the provisions of the workers' compensation laws of the District of Columbia.
- e. Organization **must include original** Certificates of Insurance for all insurance requirements as detailed by this section in grant proposals submitted for consideration. **All Certificates of Insurance shall set forth District of Columbia as a Certificate Holder and as Additional Insured.** All insurance shall be written with responsible companies licensed by the District of Columbia. The policies of insurance shall provide for at least thirty (30) days written notice to the Grantee's Grants Management Division, prior to their termination or material alteration. All certificates must have an original written or stamped signature. Copies are not acceptable.

4. **Compliance with Tax Obligations**

Prior to execution of a grant agreement as a result of this announcement, a recipient must be in compliance with tax requirements as established in the District of Columbia or eligible jurisdiction and with Federal tax laws and regulations. Nonprofit organizations must register annually to meet tax exemption requirements.



5. Drug-Free Workplace

The organization agreement shall contain a provision requiring the organization to abide by the certifications contained in this announcement (Attachment B).

6. Vendor Assurances

The organization shall submit and comply with all document requirements as determined by the District of Columbia Department of Health, HIV/AIDS Administration. The following documents will be included for completion with the organization agreement:

- a. Vendor Oath and Certification, PGC #701.
- b. Certification of Assurance of Compliance Regarding Fair Labor Standards Act, PGC Form #4318.
- c. Bidder/Offer or Affidavit and Statement of Ownership, PGC Form #3962.
- d. Corporate Acknowledgment - Whenever the DOH is contracting with a corporate entity or partnership, an acknowledgment must be executed in order to assure the DOH that the person signing the document on behalf of the entity has the authority to bind the entity to the terms and conditions of the agreement. This Corporate Acknowledgment must be notarized.

7. District of Columbia Regulatory Requirements

- a. Organizations seeking funding for Food Bank and Home Delivered Food (Meals or Groceries) services must include a copy of the current Food Permit issued by the Food Protection Division of District of Columbia or such appropriate designated division of the government with proposal.
- b. Organizations seeking funding for Childcare services are required to comply with the regulations set forth by the Day Care Licensing Division of District of Columbia. Organizations seeking funding in any service areas that include work with children are required to complete Criminal Background Investigations (conducted through local law enforcement agency) on all paid or volunteer service providers.
- c. Organizations employing or contracting with Health Care Professionals licensed under Health Occupations Code must include copies of the appropriate Maryland licenses with grant proposals.



8. Confidentiality

The applicant must demonstrate that they will protect the identity of those HIV infected persons receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage (Annotated Code of Maryland, Health General, Sections 4-301 through 4-309 and other Federal, State and County laws and policies).

All Covered Entities and Business Associates (as defined by the HIPPA Privacy Standards) must comply with HIPPA.

9. Quality Assurance

The organization will agree to participate in quality assurance activities and record review processes established by the Grantee, the District of Columbia Department of Health and the Planning Council.

10. Compliance with the Americans with Disabilities Act

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations.

11. Client Satisfaction and Grievance Procedure

The organization will agree to maintain and disseminate information regarding the client grievance process and will provide a mechanism for assessing client satisfaction with services annually.

12. Term

The term of the Year 15 grant year shall be March 1, 2005 through February 28, 2006.

13. Availability of Funds

The funds listed in this RFA are projections. The actual amount allocated to a given service area are not known at this time. The funds for each service category will depend upon the receipt of funds from HRSA, to the Title I Eligible Metropolitan Area and allocation plan approved by the Planning Council.

14. Budget

A complete set of budget forms must be submitted for each service area for which you are requesting funding. Budget forms and instructions are included in Attachment I.



15. Information Systems

During the term of the grant, organizations are required to obtain and maintain all hardware, software and training necessary to collect and report all data via Xpres or data collection tools provided by or approved by HAA.



SECTION VIII

| | |
|-----------------------|---|
| Attachment A: | Applicant Profile |
| Attachment B: | Certifications/Federal Assurances |
| Attachment C1: | Application Receipt |
| Attachment C2: | Assurance Package Receipt |
| Attachment D: | Capacity to Provide Culturally Competent Services |
| Attachment E: | Linkage with Other Service Providers |
| Attachment F: | Documentation of Composition of Board of Directors & Management |
| Attachment G: | Table A Scope of Work |
| Attachment H: | Quality Assurances and Protocols |
| Attachment I: | Budget and Budget Narrative |
| Attachment J: | FY 2004 Implementation Plan (Table 10) |
| Attachment K: | EMA Wide Assurance Checklist |

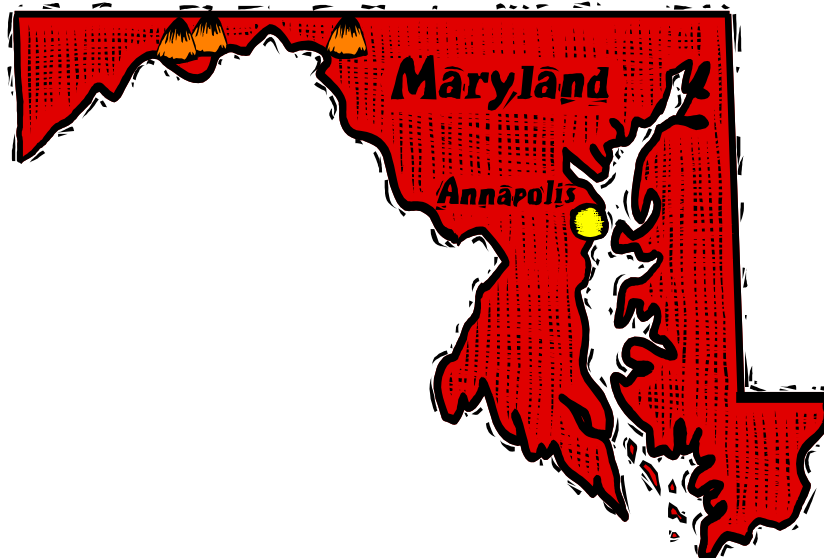


REQUEST FOR APPLICATIONS (RFA): #1001-04

Prince George's County Health Department

Suburban Maryland Ryan White Title I Program

FY 2005 Ryan White Title I Regional Grant



Invites the Submission of Applications for Funding under Title I of "Ryan White Comprehensive AIDS Resources Emergency Act of 1990 and amendments of 2000".

Announcement Date: October 1, 2004

RFA Release Date: October 1, 2004

Application Submission Deadline
Suburban Maryland: November 15, 2004, 5:00 p.m.

LATE APPLICATIONS WILL NOT BE ACCEPTED



NOTICE OF FUNDING AVAILABILITY #1001-04

**DEPARTMENT OF HEALTH
HIV/AIDS ADMINISTRATION**

FY 2005 Ryan White Title I Regional Grant

The Government of the District of Columbia, Department of Health/HIV/AIDS Administration in conjunction with the Prince George's County Health Department, the Northern Virginia Regional Commission and the Washington Metropolitan Regional Health Services Planning Council is soliciting applications from qualified applicants to provide a variety of support services to indigent, uninsured and under-insured persons who are HIV-infected. The Request for Applications (RFA) is both EMA-wide and separated by jurisdiction. For those applying in all jurisdictions the complete EMA-wide RFA will be available in the District of Columbia. Prince George's County Health Department and the Northern Virginia Regional Commission will only have their sections of the RFA available for pick up.

A total of \$24,267,552 in FY 2005 Ryan White Title I Regional Grant funds will be available by the following jurisdictions: District of Columbia will have \$15,275,657; Suburban Maryland will have \$5,265,214; and Suburban Virginia will have \$3,726,681.

These funds are expected to be awarded contingent upon an award from the U.S. Department of Health and Human Services Health Resources & Services Administration (HRSA) to the District of Columbia Department of Health HIV/AIDS Administration (HAA) under the Ryan White Title I program. The funding is authorized by the Ryan White Comprehensive AIDS Resources Emergency Act as amended to provide services for low-income individuals with HIV/AIDS. The Washington Eligible Metropolitan Area (EMA) continues to be disproportionately affected by HIV and AIDS. The EMA includes programs with CBOs in Washington, DC, Suburban Maryland, Suburban Virginia and West Virginia.

Services under the FY 2005 Ryan White Title I Regional Grant programs includes outpatient primary medical health care, specialized case management, basic life needs and a variety of support services. The services requested will target the needs of homeless persons, gay, bisexual and transgender persons, women, children, adolescents/young adults, incarcerated, substance abusers, Latino/a and African Americans.

The Request for Applications (RFA) is both EMA-wide and separated by jurisdiction. For those applying in all jurisdictions the complete EMA-wide RFA will be available in the District of Columbia for pick up at 64 New York Avenue, NE, 5th Floor, Suite 5001 and on the following website www.opgd.dc.gov. The Prince Georges County Health Department will have their jurisdictional RFA available for pick up and on the web at the information listed below. The Northern Virginia Regional Commission will have their jurisdictional RFA available for pick up and on the web at the information listed below.



The Request for Application (RFA) submission deadline is Monday, November 15, 2004 for the District of Columbia, Suburban Virginia and Suburban Maryland. Applicants applying for EMA-wide service categories must submit application to the District of Columbia. Applicants applying for each jurisdictional RFA must submit their applications to the appropriate jurisdiction. The Pre-Application meeting will be held in the District of Columbia at 64 New York Avenue, NE, 5th Floor, Suite 5001, on October 14, 2004, from 10:00 am – 1:00 pm.

District of Columbia

**64 New York Avenue, NE
5th Floor, Suite 5001
Washington, DC 20002
Phone: 202-671-4819
Fax: 202-671-4860
Ebony.fortune@dc.gov
www.opgd.dc.gov**

Suburban Virginia

**Northern Virginia
Regional Commission
7535 Little River Turnpike
Suite 100
Annandale, Virginia 22003
703-642-5700
www.novaregion.org**

Suburban Maryland

**Prince Georges County
Health Department
Ryan White Program
1701 McCormick Drive
Suite 210
Largo, Maryland 20774
301-883-7848
www.co.pg.md.us**



N O T I C E

***FY 2005 Ryan White Title I Regional Grant
District of Columbia, Suburban Virginia & Suburban Maryland***

PRE-APPLICATION CONFERENCE (FOR ALL JURISDICTIONS)

Attendance Recommended

WHEN: *October 14, 2004*

WHERE: *64 New York Avenue, NE
Training Room, 5th Floor
Washington, DC 20002*

TIME: *10:00 a.m. – 1:00 p.m.*

CONTACT PERSON: *Ebony Fortune
HIV/AIDS Administration
64 New York Avenue, NE
5th Floor, Suite 5001
Washington, DC 20002
Phone: (202) 671-4819
Fax: (202) 671-4860
E-mail: ebony.fortune@dc.gov*



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| | Attachment I: | Budget and Budget Narrative |
| | Attachment J: | FY 2005 Implementation Plan (Table 10) |
| | Attachment K: | EMA Wide Assurance Checklist |



Checklist for Applications
FY 2005 Ryan White Title I Regional Grant

Suburban Maryland

- ❑ The applicant organization/entity has responded to all sections of the Request for Application.
 - ❑ The Applicant Profile, Attachment A, contains all the information requested and is affixed to the front of each envelope.
 - ❑ The Program Budget is complete and complies with the Budget forms listed in Attachment I of the RFA. The budget narrative is complete and describes the categories of items proposed.
 - ❑ **The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins. Applications that do not conform to this requirement will not be forwarded to the review panel.**
 - ❑ **The application is to be submitted unbound. The application may be submitted with rubber bands or binder clips only.**
 - ❑ The applicant is submitting the required six (6) applications. Of the six (6), one (1) must be an original and the other five (5) are copies. Each of the six applications must be placed in an individual sealed envelope.

Example: If your organization is applying for funding in two (2) service categories, you must submit twelve (12) individually sealed envelopes.

Applications will not be forwarded to the review panel if the applicant fails to submit the required six (6) applications with one of the six marked “original”.
 - ❑ The application is submitted to the appropriate jurisdictional Administrative Agency no later than 5:00 p.m. on the deadline date of November 15, 2004.
 - ❑ The application is submitted with two completed original receipts, found in Attachment C1. Application receipts should be affixed to the outside of the “original” envelope for approval by the appropriate jurisdictional Administrative Agency.
 - ❑ The application conforms to the “Application Format” listed in Section VI, of the RFA. **The review panel will not review applications that do not conform to the application format.**
 - ❑ The project narrative section is complete and is within the page limit for this section of the RFA submission.
 - ❑ The Certifications and Assurances, Attachment B, and all of the items listed on the Assurance Checklist, Attachment K, are complete and are included in the assurance package.
-



Three (3) sets are to be submitted; one (1) marked “original” and two (2) marked “copy”.

- ❑ The assurances are submitted with two completed original assurance receipts, Attachment C2. Assurance receipts should be affixed to the outside of the original envelope for the approval of the appropriate jurisdictional Administrative Agency.
- ❑ The appropriate appendices, including Memorandums of Understanding, job descriptions, resumes, licenses (if applicable) and other supporting documentation are enclosed.



**Request for Applications (RFA): #1001-04
FY 2005 Ryan White Title I Regional Grant**

Suburban Maryland

SECTION I GENERAL INFORMATION

Introduction

The purpose of Title I of “The Ryan White Comprehensive AIDS Resources Emergency Act of 1990 and amendments of 2000” is to reduce the overwhelming burden of HIV-related care on urban health systems by expanding the continuum of care and improving access to medically appropriate levels of care. The Washington Metropolitan Regional Health Services Planning Council, pursuant to the provisions of the Act, has adopted a comprehensive service delivery plan for the metropolitan area and established funding priorities for the four jurisdictions Washington, DC, Suburban Maryland, Suburban Virginia, and West Virginia.

The primary objectives of Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, as amended in 2000 are:

“ To expand and improve the range of ambulatory and outpatient health and support services, including comprehensive treatment, case management, community-based and transitional services that are available to individuals and families with HIV infection, in order to complete the continuum of care and provide services in the least restrictive setting”;

“ To make these services known and accessible to low income individuals and families and under served populations”; and

“ To establish and/or strengthen a coordinated, community-wide approach to planning and delivering HIV-related services.

These funds will be awarded to the District of Columbia HIV/AIDS Administration (HAA) by the U.S. Health Resources & Services Administration (HRSA) under the Ryan White Title I program contingent upon availability of funds. The funding is authorized by the Ryan White Comprehensive AIDS Resources Emergency Act as amended to provide services for low-income individuals with HIV/AIDS.

Target Population

In keeping with the objectives of Ryan White and the recommendations of the Metropolitan Washington Regional Health Services Planning Council, the governments of the District of



Columbia, Suburban Maryland, Suburban Virginia, and West Virginia counties in the Eligible Metropolitan Area (EMA) have determined that the target populations for Title I funds are indigent, uninsured, and under-insured persons who are HIV-infected.

The following target populations have been identified for services: 1) African Americans, Latino/as and other ethnic minorities; 2) other substance users; 3) individuals diagnosed with mental illness; 4) transgendered persons; 5) older adults (50 years & older); 6) infants and children. Priority consideration will be given to programs that emphasize improving service delivery to 1) women with dependent children; 2) programs that emphasize comprehensive services through a single service site; 3) programs that identify, assess and address the needs of the following six special populations a) youth (13-24 years old) b) injection drug users (IDU) c) men of color who have sex with men (MSM); d) white/anglo men who have sex with men (MSM); e) women of child bearing age (13 years and older) and f) incarcerated/recently released.

Applicants must establish, document, and maintain formal linkages with other major providers and key points of entry (i.e. emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters and other entities under section 2604 (b)(3) and 2652(a)) serving the target and special population(s) identified above.

Eligible Organizations/Entities

Not-for-profit and for-profit health and support service providers may apply, including universities, community-based organizations and government-operated health facilities, which are located within and provide service in the jurisdictions of the Washington metropolitan EMA, as identified above. Preference will be given to 501C(3) organizations. For-profit organizations may be funded if evidence is provided that they are the only organization able to provide the service.

Pursuant to HRSA's memo dated August 10, 2000, applicants that provide Medicaid covered services must be Medicaid certified in the jurisdiction where services will be provided. Evidence can be presented in the form of a Medicaid approval letter or an actual Medicaid number for the agency and/or provider. If your organization has never received Ryan White funding and you are not Medicaid certified evidence of an application to the appropriate jurisdiction for Medicaid certification must be submitted as a part of the Title I application in response to this RFA. This documentation must be included in the Assurance package.

Source of Grant Funding

The funds are made available through the US Health Resources and Services Administration (HRSA) and the District of Columbia HIV/AIDS Administration for the Washington



Metropolitan EMA in the four jurisdictions that consist of the District of Columbia, Suburban Virginia, Suburban Maryland and two counties in West Virginia.

The Ryan White Title I grant period is March 1, 2005 to February 28, 2006. An additional option year may be granted at the discretion of the District of Columbia HIV/AIDS Administration and its Administrative agents if funds are available. Only vendors that meet performance and compliance requirements will be considered for an additional option year.

Grant Awards and Amounts

All awards will be based on the availability of Ryan White Title I funds awarded to the Washington Metropolitan EMA from HRSA.

It is expected that the following amounts will be available for Suburban Maryland:

| SUBURBAN MARYLAND | |
|--|---------------|
| Source of Funding | Amount |
| Ryan White Title I (regular funding) | 5,290,956 |
| Ryan White Title I Minority AIDS Initiative Funding | 639,635 |
| Ryan White Title I Rural Funding | 148,715 |

It is expected that the following amounts will be available for the District of Columbia:

| DISTRICT OF COLUMBIA | |
|--|---------------|
| Source of Funding | Amount |
| Ryan White Title I (regular funding) | 13,245,357 |
| Ryan White Title I Minority AIDS Initiative Funding | 1,604,672 |

It is expected that the following amounts will be available for Suburban Virginia:

| SUBURBAN VIRGINIA | |
|--|---------------|
| Source of Funding | Amount |
| Ryan White Title I (regular funding) | 3,726,152 |
| Ryan White Title I Minority AIDS Initiative Funding | 297,712 |
| Ryan White Title I Rural Funding | 181,372 |



Multiple Submission

Applicants desiring consideration to provide services under more than one service category must submit a separate application for each service category.

Example: If your organization is applying for funding in two (2) service categories, you must submit a total of twelve (12) individually sealed envelopes. Six (6) envelopes for each service category, with one marked “original” and five marked “copy”.

Each application must be self-contained and include all of the required information as outlined in the RFA application format.

Contact Persons

SUBURBAN MARYLAND

For further information, please contact:

Devi C. Ramey
Prince George’s County Health Department
Ryan White Program
1701 McCormick Drive, Suite 210
Largo, Maryland 20774
(301) 883-7848
E-mail: dcramey@co.pg.md.us

SUBURBAN VIRGINIA

For further information, please contact:

Stacie Balderston
Northern Virginia Regional Commission
7535 Little River Turnpike, Suite 100
Annandale, VA 22003
(703) 642-0700
E-mail: www.novaregion.org

DISTRICT OF COLUMBIA

For further information, please contact:

Ebony Fortune
HIV/AIDS Administration
64 New York Avenue, NE
5th Floor, Suite 5001
Washington, DC 20002
Phone (202) 671-4819
Fax (202) 671-4860
E-mail: ebony.fortune@dc.gov
Website: <http://www.opgd.dc.gov>



Internet

Applicants who obtained this RFA through the Internet shall provide the HIV/AIDS Administration, the Northern Virginia Regional Commission, or the Prince George's County Health Department (depending on the jurisdiction from which you are requesting funding) with the following:

- Name of organization;
- Key contact;
- Mailing address;
- Telephone and fax numbers, and
- E-mail address

This information shall be provided so that the applicant will receive updates and/or addenda to the FY 2005 Ryan White Title I Regional Grant RFA.

Pre-Application Conference

A Pre-Application Conference will be held October 14, 2004, from 10:00 a.m. to 1:00 p.m., at 64 New York Avenue, NE, 5th Floor, Training Room Washington, DC, 20002. Attendance is highly recommended.

(Metro Red Line – Union Station).

Questions Regarding the Contents of this RFA

Questions presented outside of the pre-application conference must be submitted in writing. Applicants must mail or fax questions to the contact persons listed above by November 1, 2004. Questions submitted after the deadline date will not be accepted. Please allow ample time for mail to be received prior to the deadline date.

Location of Services

Service providers must be located in the Washington Metropolitan EMA, which includes the District of Columbia, Suburban Virginia and Suburban Maryland.

Hours of Operation

The applicant must document when services are available and the specific efforts they will take to meet client needs. Hours of operation should be chosen to maximize successful utilization by the target populations. Priority will be given to applicants with flexible schedules that provide evening and weekend hours of operation.

Performance Standards and Quality Assurance



5. The applicant shall have a continuous quality management plan that includes a continuous quality improvement system and an implementation work plan to monitor and evaluate the delivery of all services, to ensure that identified deficiencies are addressed. At a minimum, the quality management program shall include a review of the appropriateness, quality, and timeliness of each service and shall incorporate those quality assurance standards as have been approved by the Washington Metropolitan Regional Health Services Planning Council; U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA); and/or applicable state requirements which establishes professional practices.
6. Quality management programs should also focus on linkages, efficiencies and provider and client expectations.
7. The applicant shall develop and implement policies and procedures to evaluate the accuracy of data collection and reporting activities in accordance with protocols approved by the US Public Health Service (USPHS), Washington Metropolitan Regional Health Services Planning Council; U.S. Department of Health and Human Services, Health Resources and Services Administration; and/or applicable state requirements.

At the release of this RFA, the following protocols have been approved by the Washington Metropolitan Regional Health Services Planning Council and may be obtained as detailed in Attachment H of this RFA:

- ☐ Assisted Transportation;
- ☐ Day Treatment;
- ☐ Food Bank;
- ☐ Interpreting Support Services; (Interpretation Services)
- ☐ Mental Health;
- ☐ Nutritional Support;
- ☐ For the Primary Medical Care protocol, please refer to the Public Health Services Guidelines for the care of HIV infected persons, *Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents*; <http://www.cdc.gov/mmwr/preview/mmwrhtml/00054080.htm>.
- ☐ PWA Advocacy;
- ☐ Oral Health; and



- ❑ Volunteer Coordination.
 - ❑ In addition to the above mentioned Planning Council approved protocols each jurisdiction has a separate approved protocol for case management and may have separate protocols for other service categories.
8. The applicant shall participate in the evaluation of the funded project(s) by appropriate internal staff and/or external evaluators with the assurance that client confidentiality will be maintained. These activities may include, but need not be limited to, site visits, client surveys, or other data collection activities.

Monitoring

4. The Administrative Agency in each jurisdiction shall monitor and evaluate the performance of the Applicant according to the scope of work, approved budgets and related service delivery standards.
5. Applicants will be responsible for assuring that all clients receiving services provided through Title I funds sign the appropriate written consent forms. Such consent forms will permit proper monitoring by the Administrative Agencies.
6. The Administrative Agency shall review all written policies and procedures applicable to the project; review all monthly, quarterly and annual program and fiscal reports; conduct site inspections; and hold periodic conferences with the applicant to assess the applicant's performance in meeting the requirements of the grant.

Evaluation

The Administrative Agency shall be authorized to assess the applicant performance with respect to accomplishing the purposes of the grant. The Administrative Agency will work with the applicant to determine appropriate program and performance measures. The applicant's performance shall be assessed to determine the quality of the services delivered and the applicant's ability to deliver services according to the deadlines established in the grant agreement. The applicant's fiscal performance shall be assessed to determine compliance with accounting standards, OMB circulars and expenditure requirements. Participation in client satisfaction surveys will be part of the evaluation of program accomplishments. The Administrative Agency will complete a close out report on the performance of each applicant during the grant year.



SECTION II PROGRAM & ADMINISTRATIVE REQUIREMENTS

Program Requirements

1. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving Ryan White Title I funds.

2. Client Eligibility Criteria

In accordance the following criteria must be used by service providers to determine client eligibility for Ryan White Title I services:

Persons receiving Ryan White Title I funded services shall:

- e. Be a resident of the jurisdiction which is funding the services to be provided;
- f. Be HIV positive or have been diagnosed for AIDS or HIV related illness by a primary medical practitioner.
- g. In addition, a completed Medicaid application and documented submission date for all clients with incomes below the federal poverty level and T-cell below 200 is required when applying for Medicaid reimbursable services.

Applicants, who provide services that are reimbursable through Medicaid and/or other insurers, **must use** a sliding fee scale for clients accessing these services through Ryan White Title I funds. The scale must be based on the 2004 Federal Poverty Guidelines. The requirements regarding imposition of charges for services are as follows:

- f. Clients with an income less than or equal to 100% of the 2004 Federal Poverty Guidelines will not pay a fee for the provision of services.
- g. Clients with an income greater than 100% of the 2004 Federal Poverty Guidelines will pay a fee for the provision of services and will be charged according to a sliding fee scale. The applicant will develop and post the sliding fee scale so that it is visible to clients and the general public.
- h. Clients with an income greater than 100%, but not exceeding 200% of the 2004 Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding **5%** of their annual gross income;



- i. Clients with an income greater than 200%, but not exceeding 300% of the 2004 Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding **7%** of their annual gross income; and
- j. Clients with an income greater than 300% of the 2004 Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding **10%** of their annual gross income.

The amount assessed by the Applicant for charges to those clients whose income is greater than 100% of the 2004 Federal Poverty Guidelines is at the discretion of the Grantee. The Applicant will impose a nominal charge for the provision of services, taking into consideration the following:

- a. The limitations as established on public schedules b, c, d, and e above and the maximum amount of charges based on client's income;
- b. The medical expenses of the client in assessing the amount of the charge; and
- c. The annual sum of charges imposed for services, includes premiums, deductibles, cost sharing, co-payments, coinsurance, or other non-reimbursable charges.

2004 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

| Size of Family Unit | Poverty Guideline |
|----------------------------|--------------------------|
| 1 | \$9,310 |
| 2 | \$12,490 |
| 3 | \$15,670 |
| 4 | 18,850 |
| 5 | 22,030 |
| 6 | 25,210 |
| 7 | 28,390 |
| 8 | 31,570 |

FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD \$3,180 FOR EACH ADDITIONAL MEMBER. (THE SAME INCREMENT APPLIES TO SMALLER FAMILY SIZES ALSO, AS CAN BE SEEN IN THE FIGURES ABOVE).

Services will not be denied to clients seeking HIV/AIDS related care. Waivers may be granted for those clients above 100% FPL identifying inability to pay in consultation with program officer.



Applicants must include a statement indicating their willingness to adhere to the above reference eligibility criteria. Client eligibility must be assessed annually.

3. Client Advocacy and Grievances

The applicant shall develop and implement an agency grievance procedure that is sensitive to the needs of the target population, and participate in the EMA-wide PWA advocacy project. As part of the grievance procedure document, the applicant must name a designated contact person who will serve as the organization's link with the EMA-wide PWA advocacy project funded through the Washington Metropolitan Health Services Planning Council. Applicants must include a copy of their internal client grievance procedures in the Assurance package.

4. Reports

Once awarded Title I funds, each vendor will be required to submit monthly, quarterly and an annual and final reports to the Administrative Agency of the jurisdiction from which they receive funds. Monthly reports will be used to determine progress toward the completion of task requirements detailed in the grant scope of work. Failure to submit accurate and complete reports may result in the suspension of funds until acceptable reports are received. Late submissions of any required reports might result in a reduction of as much as half of the expected administrative expenditures for each particular month during which a required report is late. All reports must contain the required information in the format determined and approved by the Administrative Agency.

- a. Client based demographic data must include:
 - i. Total unduplicated number of persons currently receiving care;
 - ii. Summary socio-demographics of clients;
 - iii. Types of services, activities and the number of persons involved in each;
 - iv. Total number of admissions, re-admissions and terminations from service during the month; and
 - v. Total number of client deaths during the month.
- b. Narrative reports must include:
 - i. A summary of the results of the evaluation of services;
 - ii. A summary of progress toward meeting program goals and objectives; and



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- iii. Information regarding the extent to which established milestones for the time period have been accomplished, including corrective actions taken to address any problems.
 - iv. A summary of activities accomplished towards completing the quality assurance implementation work plan.
 - c. Determinations for new client counts and unduplicated client counts are defined as follows:
 - i. Unduplicated client counts is an accounting of clients in which a single individual is counted only once by a provider regardless of the number of services being provided, even if he or she receives services at more than one of the provider's sites.
 - ii. New client counts is an accounting of a person who is receiving services from a provider for the first time ever. Individuals who return for care to the service provider after an extended absence are not considered to be new and should be counted as a re-admission into care.
 - d. Applicants shall collect and report data in accordance with HRSA's mandatory Care Act Data Report (CADR). This is an aggregate report requesting information about the provider, unduplicated number of clients served, summary socio-demographics of clients, (age, gender, race/ethnicity, exposure category), the number of service units and the number of clients that received services.
 - e. A copy of financial expenditure reports covering the period for which reimbursement is being requested shall accompany all payment requests. Payment requests shall be based on invoices with supporting documentation and the receipt of appropriate supporting program data.
 - f. The applicant shall submit to the Administrative Agency a final report no later than the 30th day after expiration of the grant agreement summarizing all service delivery data, expenditure reports, accomplishments, issues and recommendations.
 - g. The applicant shall report unusual incidents by facsimile, e-mail or telephone to the Administrative Agency within 24 hours of the event and in writing within five (5) days after occurrence. An unusual incident is an event that affects staff (Administrative Agency's employees or applicant's staff) or clients that is significantly different from the regular routine or established procedures. Examples include, but are not limited to, unusual death; injury; unexplained absence of a client from a residence or program; physical, sexual, or verbal abuse of a client by staff or other clients; staff negligence, fire, theft, destruction of property, or sudden serious problems in the physical plant; complaints from families or visitors of clients; requests for information from the press, attorneys, or government officials outside the jurisdiction involved with the grant; and client behavior requiring the attention of staff not usually involved in their care.



- h. Applicants must report client deaths in writing to the Administrative Agency within 48 hours of the occurrence.

5. Records

- a. The applicant shall keep accurate documentation of all activities of the project. Records must be legible, dated and signed with original signatures and credentials of individuals providing services. When delivering services to clients, the applicant must maintain records reflecting initial and periodic assessments, if appropriate; initial and periodic service plans; and the ongoing progress of each client. All clients shall be assigned a unique identifier and all client records shall be kept confidential. The applicant shall obtain written informed consent from the client that permits sharing and releasing the client's records in order to coordinate or verify services. A release of information form must be compliant with HIPAA regulations and maintained in each client record. All client information must be maintained in one record, regardless of whether a central or a separate site filing system is used.
- b. The applicant shall provide the Administrative Agency, and other authorized representatives of the Administrative Agency, such access to clinical records as may be necessary for monitoring and evaluation purposes. To ensure confidentiality and security, clients' records should be kept in a locked file controlled by appropriate applicant staff.

Administrative Requirements

1. Staff Requirements

For the purposes of this grant, "staff" is defined as any individual employee, individual consultant or individual contracted worker that receives compensation through these Ryan White Title I funds.

- a. The applicant shall employ and maintain documentation that staff possess adequate training and competence to perform the duties which they have been assigned.
- b. The applicant shall maintain a complete written job description covering all positions funded through the grant, which must be included in the project files and be available for inspection on request. The job description shall include education, experience, and/or licensing/certification criteria, a description of duties and responsibilities, hours of work, salary range, and performance evaluation criteria. Job description must reflect requirements noted in approved protocols and requirements listed under Applicant's Responsibilities in Section IV. When hiring staff for this grant project, the applicant shall obtain written documentation of relevant work experience and personal references.



- c. Applicants that use individual contracted workers and or individual consultants must have signed and dated written contractual agreements maintained in a contract file.
- d. The applicant shall maintain an individual personnel file for each project staff member that contain the application for employment, professional and personal references, applicable credentials/certifications, a signed drug free workplace statement, records of required medical examinations, personnel actions including time records, documentation of all training received, notation of any allegations of professional or other misconduct, and the applicant's action with respect to the allegations, date and reason if terminated from employment. Personnel files should be available to the Administrative Agency upon request;
- e. The applicant shall provide orientation sessions for each staff member with respect to administrative procedures, program goals, policies and practices to be adhered to under the grant agreement. The applicant shall identify a person to serve as an ombudsman/liaison to the EMA wide PWA advocacy project.
- f. The applicant shall provide evidence of continuing education opportunities to keep staff informed of new developments regarding the provision of HIV/AIDS health care and support services (i.e., treatment modalities, change in target populations);
- g. The applicant shall maintain a current organizational chart that displays organizational relationships and demonstrates who has responsibility for administrative oversight and clinical supervision for each priority service activity;
- h. The applicant shall obtain advance approval in writing from the jurisdictions Administrative Agency on any changes in staffing patterns or job descriptions;
- i. The applicant shall indicate when there are vacant positions or new positions for which there are no staff resumes available; and
- j. Applicant shall ensure that each staff member's file contains a signed confidentiality form.

2. Memorandums of Understanding (MOU's) and Subcontracts with other Organizations

- a. Memorandums of Understanding and subcontracts with organizations must clearly state objectives, goals and quantifiable outcomes that are consistent with the Ryan White Care Act's terms and conditions as required by the applicable jurisdiction.
- b. All Memorandums of Understanding and subcontracts with organizations must be signed and dated by both parties.



3. Facility Requirements

a. Regulations

The applicant's facilities used during the performance of the grant agreement shall meet all applicable federal, state, and local regulations for their intended use throughout the duration of the Grant Agreement. The applicant shall maintain current all required permits and licenses for the facilities. The applicant's failure to adhere to the terms and conditions of the Grant Agreement shall be a basis for termination of the Grant.

b. Emergency Back-up Site

The applicant shall submit the address of the identified emergency site facility for use as a result of a catastrophic event of the primary facility.

c. Handicapped Access

All facilities offered for the provision of services must be accessible to persons with mobility limitations, consistent with the Rehabilitation of the Handicapped Act, Public Law Section 95-602 (Section 504) and the Americans with Disabilities Act, as appropriate.

d. Maintenance

The applicant shall provide all supplies and services routinely needed for maintenance and operations of the facility such as security, janitorial services, or trash pick-up.

4. Use of Funds

Applicants shall only use grant funds to support HIV care services and cannot be used to provide cash and or direct financial assistance to individuals with HIV disease or to fund education and training for clients.

5. Administrative Costs

Applicants' budget submissions must adhere to a ten-percent (10%) maximum for administrative costs for FY 2005 Ryan White Title I Regional grant funds. All proposed costs must reflect either a direct charge to specific budget line items or an indirect cost. (See Attachment I)



6. Certifications and Assurances

Applicants shall complete, sign and return Attachment B “Certifications and Assurances”, and submit all of the items listed in Attachment K “Assurance Checklist” in assurance packages.

7. Insurance

The applicant, when requested, must be able to show proof of all insurance coverage required by law. All applicants that receive a Notice of Intent to Award under this RFA must meet the insurance requirements in Section VII “Jurisdiction Terms & Conditions”, within the time frame designated by the Administrative Agency.

8. Audits

At any time or times before final payment and three (3) years thereafter, the District and respective jurisdictional administrative agencies may have the applicant’s expenditure statements and source documentation audited.



SECTION III

SUBMISSION OF APPLICATIONS AND ASSURANCES

Application Submission Requirements

A total of six (6) **UNBOUND** applications are to be submitted. Each of the applications must be in an individual sealed envelopes. **Of the six (6) envelopes, one (1) must be an original and five (5) must be copies.** A completed Attachment A must be affixed to the outside of each of the envelopes. Each service category is it's own application and must have one original and five copies.

Example: If your organization is applying to receive funding in two service categories, your organization must submit a total of twelve individually sealed envelopes.

Applications that do not conform to this requirement will not be forwarded to the review panel. Telephonic, e-mail and facsimile submissions **will not be accepted.**

Assurance Package Submission Requirements

A total of three (3) **UNBOUND** assurance packages are to be submitted. Each of the three (3) sets of assurances must be in an individual sealed envelope. **Of the three (3) envelopes, one (1) must be an original and two (2) must be copies.** Attachment B, Attachment K and all of the certifications, affidavits and required documents listed in Attachment K must be included in the assurance package. A completed Attachment A must be affixed to the outside of each sealed envelope. **ONLY THREE (3) ASSURANCE PACKAGES SHOULD BE SUBMITTED FOR EACH ORGANIZATION.**

Example: If your organization is applying to receive funding in two service categories, your organization must submit a total of twelve individually sealed application envelopes, BUT ONLY THREE COMPLETE ASSURANCE PACKAGES (ONE ORIGINAL PLUS TWO COPIES).

Telephonic, e-mail and facsimile submissions **will not be accepted.**

ORGANIZATIONS THAT SUBMIT INCOMPLETE ASSURANCE PACKAGES MAY NOT HAVE THEIR APPLICATION (S) CONSIDERED FOR FUNDING.

Application and Assurance Package Submission Date and Time

Applications and Assurance Packages are due no later than 5:00 pm, on November 15, 2004. All applications and assurance packages will be recorded upon receipt. Applications and/or assurance packages **submitted at or after 5:01 pm,** November 15, 2004, will not be accepted. No additions or deletions to an application or assurance package will be accepted after the deadline.



Application and Assurance Package Submission Locations

The six (6) applications and three (3) Assurance Packages (sets of Certifications and Assurances listed in Attachment K) **must be delivered to the appropriate jurisdiction from which you are requesting funds.**

For Suburban Maryland Services (detailed in Section IV, Part III), submit applications to:

**Prince George's County Health Department
Ryan White Program
1701 McCormick Drive, Suite 210
Largo, Maryland 20774
Attention: Olive Majors**

Mail/Courier/Messenger Delivery

Applications that are mailed or delivered by Messenger/Courier services **must be** sent in sufficient time to be received by the 5:00 pm, deadline, November 15, 2004, at the above location. Applications arriving via messenger/ courier services after the posted deadline of **5:00 pm, November 15, 2004, will not be accepted.**

Prince George's County Health Department, Ryan White Program staff must accept and sign for application packages.



SECTION IV PROGRAM SCOPE

PART I - ELIGIBLE METROPOLITAN AREA WIDE SERVICES (EMA)

A. Service Category OTT - SERVICE PRIORITIES FOR THE ELIGIBLE METROPOLITAN AREA (EMA)

Applicants responding to these EMA services must submit their application to the District of Columbia.

Service Category OTT-1 - PWA Advocacy Program

Approximately \$ 225,000 in Ryan White funds will be available to fund this service category.

The Department of Health is seeking applicants to continue and to expand the advocacy program, established by the Planning Council to increase PWA access to and knowledge of HIV/AIDS services available in the EMA.

Components of this program will include:

9. Advocacy
10. Outreach
11. Print & radio media campaigns
12. Distribution of print media including newsletters and/or PWA “bill of rights” palm cards and posters (available in English and Spanish) to increase awareness of eligibility and availability of existing services
13. Participation in Planning Council subcommittees
14. Operation of a 1-800 telephone line for the EMA
15. Assistance in the administration of a client satisfaction survey
16. Serve as an entry point to the grievance and client complaint resolution process, as well as track both inquiries and formal grievances.

Applicants will be required to have a board of directors in which PLWHIV/A are heavily represented, have representation of all affected populations and the major geographic areas encompassing the EMA and will be required to demonstrate linkages with other PLWHIV/A advocacy organizations EMA wide.

The applicant is responsible for demonstrating the ability to initiate and to provide programs, which increase PLWHIV/A knowledge of, and participation in the Advocacy Program throughout the EMA.

Applicants will ensure that the awarded grant amount is allocated to each of the jurisdictions based on their reported AIDS case count. The applicant will also be required to submit a



quarterly analysis and roll up that reflects the expenditures for each jurisdiction in addition to monthly programmatic and fiscal reports submitted with invoices.

The applicant is responsible for submitting written reports of client grievance and complaint findings and resolutions to the Grantee and Administrative Agency.
Only one applicant will be awarded funds in this area.

Service Category OTT-2 - Minority AIDS Initiative (MAI) – Primary Medical Care

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Funds for this program come from the Minority AIDS Initiative (MAI) (formerly the Congressional Black Caucus Initiative (CBC)). Preference will be given to Minority organizations or organizations with a history of providing services to minority communities as reflected in Attachments D and F-Culturally Competent Services. Organizations applying for CBC/MAI funds will be assessed using the National Standards for Culturally and Linguistically Appropriate Services in Health Care (available online at <http://www.omhrc.gov/CLAS>) developed by the Office of Minority Health of the U.S. Department of Health and Human Services. Minority organizations are defined by the Health Resources Services Administration as: Organizations where more than 50% of the Board of Directors, staff, and management are composed of minorities disproportionately represented in the AIDS epidemic according to local epidemiological data. Disproportionately represented minorities are: African-Americans, Hispanics, and Asian-Pacific Islanders.

Preference will be given to a single provider, if multiple applicants are funded, they will be required to coordinate services through the development of a coordinated work-plan post award.

Approximately \$ 47,716 in Ryan White MAI funds is available to fund this service category.

Minority AIDS Initiative (MAI) funds are to be used by providers who demonstrate the following:

- 7. The applicant is responsible for fulfilling all of the applicant responsibilities listed under Service Category 1 - Primary Medical Care in the District of Columbia Scope of Work section. In addition,**



8. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.
9. The applicant must be located in or near the targeted community intending to be served. The applicant is responsible for documenting links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
10. The applicant is responsible for providing documentation of a history of providing services to the targeted community.
11. The applicant will provide evidence of how 80% of new clients have accessed and remained in care from District of Columbia, Suburban Maryland, Suburban Virginia and West Virginia.
12. The applicant will show evidence of outreach efforts that have resulted in new clients receiving primary medical care and other core clinical services.

The following are the other requirements of this service category:

- 1) Applicants must be located in the District of Columbia. The applicants is responsible for providing outpatient primary medical services to communities of color.
- 2) Preference will be given to applicants whose staffs are Spanish speaking and culturally sensitive to the needs of Latino's with HIV/AIDS.
- 3) Preferably the location of services should be in areas where there is a high concentration of Latino/a.



SECTION IV

PART III - SUBURBAN MARYLAND

Service Category 1 Outpatient Primary Medical Care

Outpatient primary medical care is defined as the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. This includes, diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties.) Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's Health Service guidelines. Such care, must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Approximately \$1,742,841 in Ryan White funds is available to fund this Service Category.

Applicant Responsibilities:

1. The applicant is responsible for providing outpatient HIV/AIDS medical care services directly or arranging for the delivery of the following:
 - a. Baseline examinations, including pelvic exams.
 - b. Medical monitoring and treatment.
 - c. Supportive laboratory services, including CD4+, viral loads, and OB/GYN lab tests i.e., pap smears, colposcopy and vaginal discharge panel.
 - d. Sub-specialty consultations; such funds may be used for rectal pap smears and follow-up sub-specialty care.
 - e. TB screening.
 - f. Chest x-rays as necessary for symptomatic PLWH/A suspected of being anergic.
 - g. Referral to TB control programs for following-up as necessary, including x-rays for anergic individuals.



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- h. All primary medical service providers must demonstrate an ability to link clients with dental, nutritional, mental health, substance abuse counseling and case management.
 - i. Hepatitis A, B and C screening and Hepatitis A and B vaccine.
 - j. Treatment education and adherence monitoring.
 - k. HAART counseling and therapy
 2. The applicant is responsible for demonstrating provision of comprehensive care and coordinating services with other providers.
 3. Referral arrangements or direct provision for sub-specialty care should also be described.
 4. At least ten percent (10%) of funds should be budgeted for sub-specialty care although higher expenditures for specific populations may be considered if adequate justification is provided. In-kind equivalency may be substituted for part or all of this requirement provided that written confirmation is submitted with the application; that qualified sub-specialists are prepared to offer consultations and treatments outside of the government-funded budget.
 5. The applicant is responsible for demonstrating that physicians have admitting privileges to acute care settings, in order to reduce emergency room admissions.
 6. The applicant is responsible for entering into cooperative arrangements with community-based hospitals to assure availability of outpatient diagnostic and sub-specialty care, facilitate admission to acute, inpatient care for clients, and provide a mechanism for post-discharge follow-up. Such arrangements are designed through linkages to offer a continuum of care to clients from the earliest stages of disease through the final stages. A written copy of the arrangements must be included in the application submission.
 7. The applicant applying for primary medical care does not have to apply for a contractual arrangement with a community hospital.
 8. The applicant is responsible for describing their methodology for coordination/integration of services between hospital and community care providers, and how they will work to reduce client visits to the emergency room.
 9. The applicant is responsible for ensuring that Primary Medical care services provided shall meet the standards of the U.S. Public Health Services Guidelines for the care of HIV infected persons. Copies of the current guidelines can be found on the AIDS Information web site at <http://www.aidsinfo.nih.gov/guidelines>. The guidelines are called *Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents*.



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10. The applicant is responsible for including, in an appendix, protocols of care for the populations they intend to serve, including specific protocols for women and children.. *Special consideration will also be given to applicants who offer appointments/services after normal working hours and/or on weekends, to increase access for patients who cannot leave work for frequent medical appointments.*
 11. Co-located outpatient medical care for women and their children is the preferred approach for care of women with children.
 12. The applicant is responsible for providing management of AZT, protease inhibitor, and/or other anti-retroviral therapies and PCP prophylaxis, including aerosolized pentamidine. TB screening of all clients is mandatory. Plans shall include referrals for sub-specialty medical care.
 13. The applicant is responsible for developing agreements which ensure that services requested for persons in shelters, congregate living facilities, community residential facilities (CRFs), and day treatment facilities are rendered.
 14. Applicants providing primary medical care or case management must have a “Medication Adherence Support Policy” that:
 - a. Defines standards for the development of individual plans that incorporate an assessment of potential barriers to adherence and strategies to address barriers that are identified.
 - d. Defines the roles and responsibilities of the consumer and each provider partnered in the care of the consumer (e.g. primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers).
 - e. Outlines required documentation in the consumer record (s) of the coordination and communication among providers and the consumer in the development and implementation of the medication adherence support plan.



Service Category 1a. Rural Outpatient Primary Medical Care

Title I Rural funds are to be used to provide services to individuals residing in rural areas.

Approximately \$63,269 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 1 Outpatient Primary Medical Care** above.
2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.
3. The applicant is responsible for providing specific details regarding the geographic location of services, how clients will access the services and the demographics of the population to be served.

Service Category 1b. Minority AIDS Initiative (MAI) - Outpatient Primary Medical Care

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined service level health outcomes and indicators.

Approximately \$276,054 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 1 Outpatient Primary Medical Care** above.
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant shall be located in or near the targeted community they intend to serve.
 - b. The applicant is responsible for providing documentation of their history of providing services to the targeted communities.



- c. The applicant is responsible for documenting linkages to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
- d. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.

Service Category 2 Case Management

Case management is defined as the provision and coordination of services to assist individuals with HIV/AIDS gain access to primary medical, psychosocial, support services, and appropriate entitlements. The goal of case management is to assure the client reaches their maximum level of independent functioning and adheres to their HIV treatment plan. Case management plans are developed for and with individual clients and are based on an assessment of the person's needs and availability of resources. Emphasis should be on ensuring the timely access to services that are culturally and linguistically relevant, and sensitive to gender, gender identification, age, and sexual orientation of the client.

Approximately \$1,070,889 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for ensuring that all case managers provide entitlements counseling, and monitor entitlement status to assure that eligible clients receive entitlements.
2. The applicant is responsible for ensuring that at intake all case managers or designated intake staff evaluate and refer eligible clients to Medicaid/ Medicare. The applicant is responsible for ensuring case managers complete and submit Medicaid/ Medicare applications on eligible clients at initial assessment. Case managers are responsible for determining whether clients have private health insurance. If so, clients should be referred for services that can be paid for by the private insurance prior to referring them for Ryan White services.
3. The applicant is responsible for maintaining documentation of status of Medicaid, Medicare and AIDS Drug Assistance Program (ADAP) applications for all Ryan White eligible clients. Case managers must be available to provide information to the client about other resources including, identifying Title I resources, answering questions and providing information regarding safe drinking water; inform the clients of their rights, the organization internal grievance process and the EMA-wide grievance process.



4. The applicant is responsible for demonstrating how case managers and designated intake staff assess and refer clients presenting in a state of crisis, fear, anxiety, rage and/or emotions requiring immediate psychosocial support.
5. The applicant is responsible for ensuring that case management services address the particular needs of women and families.
6. The applicant is responsible for demonstrating experience in providing case management to persons with HIV/AIDS and employ culturally competent staff which reflect the racial, ethnic, sexual orientation, gender and linguistic background of the client population(s) they expect to serve.
7. The applicant is responsible for accepting referrals from hospitals, HIV counseling and testing centers, physicians, community organizations, HIV/AIDS service providers, in the county and state correctional systems, substance abuse treatment facilities, mental health treatment facilities, individuals and self-referrals.
8. The applicant is responsible for ensuring that case management plans are developed by licensed case managers according to the State of Maryland HIV Case Management standards. Case management plans shall be developed with each individual client and must be based on an assessment of the clients' individual needs and availability of resources. Plans shall consider the different needs of each client according to their capability to meet their own needs; should ensure integration of services; must list outcomes, measurable goals, target dates, and individual responsible; should indicate what policies are currently in place in the event of a client crisis; and should include a financial plan. Clients should sign and date the case management plan.
9. The applicant is responsible for including information on existing staff-to-client caseload ratios.
10. The applicant responsible for providing primary medical care or case management shall have a "Medication Adherence Support Policy," that:
 - a. Defines standards for the development of individual plans that incorporate an assessment of potential barriers to adherence and strategies to address barriers that are identified.
 - b. Defines the roles and responsibilities of the consumer and each provider partnered in the care of the consumer (e.g. primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers).
 - c. Outlines required documentation in the consumer record (s) of the coordination and communication among providers and the consumer in the development and implementation of the medication adherence support plan.



11. In accordance with the State of Maryland's HIV/AIDS Case Management Standards, case managers hired after June 30, 1999, must meet the following minimum qualifications: 1) be a licensed Registered Nurse; or 2) be a licensed social worker with at least one year of experience working in HIV case management, equivalent adult/pediatric, or community health work. Case managers must be supervised by Licensed Certified Social Workers or licensed Registered Nurses with a minimum of three years experience.
12. The applicant is responsible for demonstrating that case management plans will be developed by a multidisciplinary team including, clinical/medical staff, the case manager, and any other individuals involved in the clients care (i.e. mental health staff, substance abuse counselors) and demonstrate how the client will be included in the development of their own care plan.
13. The applicant is responsible for maintaining documentation of Ryan White eligibility for each client in the client's record/file.
14. The applicant is responsible for assuring that all levels of case management will be available to clients. All levels of care may either be provided directly by the applicant, or the applicant may provide one or more levels and enter into a collaborative arrangement with another agency for the other level(s).
15. The applicant is responsible for describing how it will provide directly or through linkages, the following levels of case management defined as follows:
 - a. Comprehensive -- involving significant activity by the case manager in coordinating medical, mental health, substance abuse, and social services to individuals and family/household members. Clients will receive, at a minimum, one telephone contact per month, and, at a minimum, two face-to-face contacts, one every six months. The clients will have an initial plan of care and a yearly plan of care. Plans are reviewed/updated every six months.
 - b. Intermediate-- involving limited problem solving and possible follow-up on referrals. Contact can be initiated by the case manager or the client at least every three months, with at least one face-to-face contact each year. The client will have an initial plan of care and a yearly plan of care. Plans are reviewed/updated every six months.
 - c. Limited-- the case management time is limited to a particular issue. Clients receive a mini-assessment around the area of concern and intervention is documented. No plan of care is necessary. Follow-up is limited.



16. The applicant is responsible for indicating targeted numbers of adult clients to be served by each of these levels of case management including the measurable goals for the number of face-to-face contacts and telephone contacts with clients on Table A.
17. The applicant is responsible for describing the methodology for preventing waiting lists.

Service Category 2a. Rural Case Management

Title I Rural funds are to be used to provide services to individuals residing in rural areas.

Approximately \$55,892 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 2 Case Management** above.
2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.
3. The applicant is responsible for providing specific details regarding the geographic location of services, how clients will access the services and the demographics of the population to be served.

Service Category 2b. Minority AIDS Initiative - MAI Case Management

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined service level health outcomes and indicators.

Approximately \$199,713 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 2 Case Management** above.
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.



- a. The applicant must be located in or near the targeted community they intend to serve.
- b. The applicant is responsible for providing documentation of their history of providing services to the targeted community.
- c. The applicant is responsible for documenting linkages to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
- d. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.

Service Category 3 Oral Health

Oral health services are provisions of care designed to ensure access to and management of comprehensive oral healthcare. Oral health is integral to primary medical care for all clients with HIV/AIDS and is provided by general dental practitioners, dental hygienists and auxiliaries, dental specialists and other similar professional practitioners. Services include: dentures essential for the maintenance of health; diagnostic, preventative, prophylactic, therapeutic and other specialty care required in the event of unforeseen medical conditions such as hemorrhage, infection or trauma. Cosmetic procedures and restorations are not allowable unless they are medically necessary to alter, restore or maintain occlusion (close mouth) or nutrition.

Approximately \$269,839 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing ongoing dental care for people with HIV/AIDS, including prophylactic, diagnostic, and therapeutic dental services provided by dentists, dental hygienists, and other professional practitioners. Dentures (full and/or partial) essential for the maintenance of health may be provided and detailed in the proposed budget.
2. The applicant is responsible for including summary copies of all dental protocols and indicating how diagnostic laboratory values will be obtained.
3. The applicant is responsible for demonstrating the capacity to provide routine dental care including periodic oral cavity evaluations and cleaning by a dental hygienist and examination by a dentist.



4. The applicant is responsible for describing how it will coordinate with other providers to accept referrals and document client eligibility.
5. The applicant is responsible for describing how it will directly provide, or through referral, culturally sensitive care and services, including bi-lingual services.
6. The applicant is responsible for providing services that include routine general and preventive dental services, including initial examinations, cleanings, fillings, and extractions. Service for root canals and periodontal treatment also may be included.
7. Applicant must demonstrate linkages to referral sources to provide other needed dental procedures.
8. The applicant is responsible for establishing programs in collaboration with area dental schools to develop strategies to increase community and provider awareness about the dental needs of persons with HIV/AIDS and to increase their access to dental care.
9. Cosmetic dentistry services will not be funded.
10. Applicants may propose to use funds to expand existing services by purchasing additional dental chairs/stations, and requesting more funds to cover the cost of additional dentist hours to staff the new station. A maximum of \$60,000 may be requested.
11. Applicant may request a maximum of \$50,000 for specialty dental services such as root canals, dentures and necessary caps/crowns.

Service Category 3a. Rural Oral Health

Title I Rural funds are to be used to provide services to individuals residing in rural areas.

Approximately \$12,669 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 3 Oral Health** above.
2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.
3. The applicant is responsible for providing specific details regarding the geographic location of services, how clients will access the services and the demographics of the population to be served.



Service Category 3b. Minority AIDS Initiative (MAI) Oral Health

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined service level health outcomes and indicators.

Approximately \$41,474 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 3 Oral Health** above.
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant is responsible for providing documentation of their history of providing services to the targeted community.
 - c. The applicant is responsible for documenting links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.

Service Category 4 Emergency HIV/AIDS Drug Assistance

Emergency Drug Assistance is defined as the provision of short-term payments for prescriptions for acute opportunistic infections, which threaten death, dementia and/or blindness, for clients waiting for eligibility or who are not eligible for other HIV/AIDS treatment programs. The Emergency Drug Assistance Program (EDAP) as established in Section 602 of PL 102-585 of the Veterans Healthcare Act of 1992 (known as 340B) allows for discounted drug purchasing. Applicants shall provide EDAP on an emergency episodic basis that will enable people with HIV/AIDS to receive essential and life saving medications for a time specific period. Eligible persons must be financially unable to obtain needed medication, denied health insurance covering specific medications and or pending Medicaid or ADAP approval. Prescription



medications provided through EDAP shall not exceed three (3) months. Prescriptions for FDA approved psychotropic drugs can also be covered.

Only Primary Medical providers may apply for emergency HIV/AIDS Drug Assistance.

Approximately \$401,054 in Ryan White funds will be available to fund these services.

Applicant responsibilities:

1. Applicants must be certified by the HRSA Pharmacy Affairs Branch in compliance with the Public Health Services Act 340B Program. Applicants must contract with a pharmacy that will comply with the 340B Program.
2. The applicant is responsible for ensuring that all eligible clients are residents of one of the five counties within the Suburban Maryland region, HIV positive, have an assessment including a financial plan conducted by a HIV or a Social Services case manager, and income below 300% of the Federal Poverty Income guidelines.
3. The applicant is responsible for providing emergency HIV/AIDS drug assistance for Ryan White eligible persons waiting to become eligible for programs that cover HIV/AIDS treatments or for persons not eligible for such programs.
4. The applicant is responsible for apportioning their budgets throughout the grant year. In establishing the program, several options may be used, including but not limited to a voucher system or pharmacy cards to be used at a designated pharmacy.
5. The applicant is responsible for demonstrating the ability to establish linkages with Suburban Maryland service providers in order to facilitate referrals, and the ability to establish linkages with pharmacies that will accept vouchers.
6. In the program description and in the summary service chart, applicants must clearly delineate the number of clients to be served, service units to be delivered, and the procedures for administering and monitoring the program.

Service Category 5 Substance Abuse Counseling

Substance abuse counseling is defined as the provision of counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) provided in an outpatient setting rendered by a physician or under the direct supervision of a physician, or by other identified qualified personnel. Substance abuse counseling provided as part of a continuum of care and treatment



seeks to reduce a client's involvement in substance abusing practices thus reducing the probability of infection.

Approximately \$ 268,781 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing substance abuse counseling services for persons with HIV/AIDS. Services can be implemented through the co-location of services and the development of cooperative agreements and referral networks among primary medical care providers, case management providers, housing programs, and existing substance abuse treatment services.
2. The applicant is responsible for demonstrating linkages with mental health services.
3. Specific services shall include the provision of client assessments and individual, couple, and group counseling. Services are requested for persons with HIV disease who are on waiting lists for entry into traditional substance abuse programs and to assist clients involved with traditional resources to maintain a drug free lifestyle.
4. The applicant must insure that services developed for multi-diagnosed clients (e.g., substance abuse, mental illness, and HIV infection) are coordinated and delivered by Licensed Clinical Alcohol and Drug Counselor (LCPC); Services developed for dually diagnosed clients (e.g., substance abuse and HIV infection) are delivered by Certified Supervised Counselors (CSC-AD) or Certified Associate Counselors (CAC-AD) under the supervision of Certified Professional Counselors – Alcohol and Drugs (CPC-AD), or under the supervision of Licensed Clinical Professional Alcohol and Drug Counselors (LCPC); or delivered by CPC-AD or LCPC.
5. The applicant is responsible for demonstrating experience in the management of persons with HIV and addictions. At a minimum, treatment interventions must consist of an initial interview; psychosocial assessment; and a treatment plan that outlines long-range goals and interventions for the client.
6. Applicants may not use bilingual interpreters in sessions with non-English speaking clients and must demonstrate linkages with bilingual and bicultural substance abuse counselors and mental health professionals.
7. The applicant is responsible for linking clients with addiction treatment services. If there are waiting lists for those addiction treatment services, providers will be expected to keep clients apprised of the expected waiting time for admission, and will be expected to provide support to those clients in the form of information/referral to other addiction treatment programs.



8. The applicant is responsible for demonstrating the ability to competently serve substance abusers with HIV/AIDS, as demonstrated by the expertise of staff, organizational policy, and program design.

Service Category 6 Mental Health Therapy Services/Counseling

Mental health services are defined as the provision of psychological and psychiatric treatment and counseling services for individuals living with HIV/AIDS, who are diagnosed with a mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such service, which includes psychiatrists, psychologists, clinical psychiatric nurses and qualified social workers.

Approximately \$293,119 in Ryan White funds is available to fund this Service Category.

Applicant Responsibilities:

1. The applicant is responsible for providing mental health services, which include diagnostic and treatment services, as well as laboratory services and other diagnostic tests, to ensure a continuum of mental health services for HIV infected persons with an emphasis on those persons who are dually or triply diagnosed with HIV and mental illness and/or substance abuse including chronic mental illness.
2. The applicant is responsible for documenting coordination/referral agreements between professional mental health providers.
3. Mental health services include, but are not limited to, individual, couple, and group psychotherapy and psychiatric, psychological, and/or neuro-psychological assessments, treatment planning and monitoring, and the prescription and monitoring of psychotropic medications.
4. Group therapy sessions may include professionally facilitated support groups as well as spiritual and bereavement counseling. Priority consideration shall be given to the following target populations: people with chronic mental illness; people with significant HIV/AIDS related mental health problems including HIV dementia, HIV mania, and clinical depression.
5. Appropriately licensed and/or certified mental health professionals must provide all mental health services. Special emphasis shall be given to ensuring the availability of culturally sensitive services for racial, ethnic and sexual minorities.
6. The applicant is responsible for ensuring a continuum of care for HIV infected persons in need of mental health services. A plan for referrals to additionally needed services, including case management, should be described.



7. The applicant is responsible for either providing services on site with primary medical HIV/AIDS care, or demonstrating its capability or linkages to deliver comprehensive mental health services in an ambulatory setting.
8. The applicant is responsible for demonstrating how it will assure the provision of culturally appropriate mental health services to African Americans, Latinos, women, and other ethnic and sexual minorities, either directly or through linkage with other providers. Mental health providers may not use interpreters in individual psychotherapy sessions or group sessions with non-English speaking clients.
9. The applicant is responsible for demonstrating in writing linkages with bilingual and bicultural mental health professionals.
10. Applicants proposing mental health services for women with children shall demonstrate linkages with family centered primary medical care, case management, childcare, and transportation.
11. Mental health services shall include, but are not limited to:
 - a. An initial evaluation of HIV infected persons referred, including eliciting and documenting a comprehensive mental health history and determination and documentation of mental status.
 - b. The development, implementation and monitoring of an initial treatment plan including the use of medication and individual and group psychotherapies.
 - c. The applicant must insure that services developed for multi-diagnosed clients are coordinated and delivered by appropriately licensed professionals. Management of the dually and triply diagnosed, including the evaluation and management of persons experiencing adjustment disorders, the emergency evaluation of HIV infected persons for suicide ideation, and the triage and management of HIV infected persons in mental health crisis.
 - d. Documentation of clinical activities.
 - e. Monitoring of HIV infected persons who are taking psychotropic drugs and the effects of medication on the client.
 - f. Long term follow-up for clients who are on psychotropic medications;
 - g. Supervision of ancillary mental health staff.
 - h. Provision of professionally facilitated support groups for people with HIV/AIDS.



12. Services shall include support groups led by professional therapists such as licensed clinical social workers, psychiatrists, psychologists, or psychiatric nurses.
13. Support group interventions shall be based on specified treatment goals.
14. The applicant is responsible for assisting with scheduling, space arrangements, and other activities related to organizing support group meetings.

Service Category 6b. MAI Mental Health Therapy Services/Counseling

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined service level health outcomes and indicators.

Approximately \$25,419 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 6 Mental Health Therapy Services/Counseling** above.
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant is responsible for providing documentation of their history services to the targeted community.
 - c. The applicant is responsible for documenting links to targeted populations so that it can help close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.



Service Category 7 Emergency Food Vouchers

Approximately \$75,132 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing food vouchers/grocery store gift cards to Ryan White eligible individuals living with HIV/AIDS to be used only for food, personal care items and/or household cleaning products on an emergency basis. There is a \$300 cap for emergency financial assistance per client/household per year.
2. The applicant is responsible for ensuring that all eligible clients are residents of one of the five counties within the Suburban Maryland region, HIV positive, have an assessment including a financial plan conducted by a HIV or a Social Services case manager, and income below 300% of the Federal Poverty Income guidelines.
3. Food vouchers/grocery store gift cards must be in \$50 denominations.
4. The applicant is responsible for describing the process for assessing client needs, financial status, and eligibility for other food entitlement programs.
5. The applicant is responsible for addressing the methodology for prioritizing cases and addressing the needs of HIV infected persons with dependent children. Inability to secure food is the primary criteria for clients receiving emergency food vouchers.
6. The applicant is responsible for describing eligibility criteria, any limits and maximum allowances. Vouchers for food may be redeemed at food banks, SHARE programs, grocery stores, and/or other community based food distribution programs. The applicant must ensure that vouchers/gift cards prohibit/are not used for tobacco products, alcoholic beverage products, household appliances, and/or pet food and products.
7. Applicants are encouraged to have more than one type of food voucher/grocery store gift card available and must list the proposed stores. Priority will be given to applicants proposing to provide food vouchers/grocery store gift cards for more than one grocery store chain.
8. The applicant is responsible for demonstrating the ability to link clients receiving food vouchers with appropriate nutritional counseling offered by a registered dietitian with experience working with the HIV/AIDS community.

Service Category 8 Assisted Transportation



Assisted Transportation is defined as the direct and indirect provision of transportation services to clients with HIV/AIDS, in order to improve their access to primary medical care, case management and other essential appointments.

Approximately \$150,263 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

Services shall be designed to ensure the availability of transportation, including ambulance services, to essential health care appointments and shall consider the needs of physically disabled clients.

1. The applicant is responsible for coordinating transportation services and the proposed system should provide transportation that will ensure cost effective timely access to essential services. These funds are not for the purchase of vehicles.
2. The applicant is responsible for utilizing the following modes of transportation in the following priority order:
 - a. fare cards and/or tokens for public transportation
 - b. taxi voucher system
 - c. leased vans with drivers
 - d. van services
 - e. reimbursement to family/friends for mileage or parking
3. Applicants that propose using means other than public transportation must provide a justification that includes the methodology for prioritizing case, and the process for determining the most cost effective and appropriate mode of transportation for each client based on their health status and proximity to destination site.
4. Applicants that propose using means other than public transportation must demonstrate that costs are primarily based on a fee per one-way trip scale or a fee per mile scale.
5. The applicant is responsible for providing appropriate modes of transportation for HIV disabled persons needing assistance or wheelchair accommodations.
6. The applicant is responsible for demonstrating coordination with other HIV service providers.



7. Applicants proposing to reimburse family/friends for mileage or parking shall demonstrate internal mechanisms that will track and assure the validity of the reimbursement.

Special consideration will be given to applicants who demonstrate an ability to improve transportation services for clients with dependent children.

8a. Rural Assisted Transportation

Title I Rural funds are to be used to provide services to individuals residing in rural areas.

Approximately \$8,553 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 8 Assisted Transportation** above.
2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.

Service Category 9 Emergency Rental Assistance

Emergency Rental Assistance is defined as the provision of emergency financial aid to clients with HIV/AIDS in a financial crisis due to the progression of their illness. These emergency funds are intended to permit clients to remain in their own homes and/or prevent homelessness. The service provider must ensure the client has been assessed, has a financial plan developed by an HIV case manager or social services case manager, and that the clients income is below 300% of the 2004 Federal Poverty Income guidelines. Funds may be used to assist with payment of a security deposit, the first month's rent, a monthly payment or a payment in arrears. All payments are made directly to the landlord.

Approximately \$107,936 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing financial assistance on an emergency episodic basis that will enable Ryan White eligible individuals with HIV/AIDS to remain in their own homes and prevent homelessness. There is a \$1400 emergency rental assistance cap per client/household per year.
2. The applicant is responsible for ensuring that all eligible clients are residents of one of the five county Suburban Maryland counties, HIV positive, have an



assessment including a financial plan conducted by an HIV or social service case manager, and income below 300% of the 2004 Federal Poverty Income guidelines.

3. The applicant is responsible for assessing clients for eligibility and, if appropriate, referring them to utility assistance programs.
4. The applicant is responsible for providing a copy of policies, which must detail financial and client eligibility criteria including descriptions of limits or maximum allowances. Client records must include a form signed by the client demonstrating receipt of policies.
5. The applicant is responsible for addressing the methodology for prioritizing cases and addressing the needs of HIV infected persons with dependent children.
6. The applicant is responsible for describing how it will coordinate with other providers to accept referrals.
7. The applicant is responsible for maintaining records on all payments including documentation containing verifiable information that details who received the payment, the purpose of the payment, and the eligibility criteria for recipients. Enrollment in the applicants other services cannot be a prerequisite for emergency financial assistance.
8. The applicant is responsible for demonstrating linkages with the Housing Opportunities for Persons With AIDS (HOPWA) program and describing how clients are linked with HOPWA and other forms of housing assistance.
9. The applicant is responsible for providing directly or demonstrating linkages with HIV case management programs.

Service Category 10 Emergency Utility Assistance

Emergency Utility Assistance is defined as the provision of emergency financial aid to clients with HIV/AIDS threatened with discontinuance of utility services. Assistance should be provided on an episodic basis. Clients must be assessed or referred for assessment, for eligibility to utility assistance programs. Funds can only be used if there are no other funding sources available or the client is in the process of applying for alternative funds. There is a \$300 cap, per year, per client/family, and financial aid must be made in the form of direct payments to the utility company.

Approximately \$111,639 in Ryan White funds will be available to fund these services.



Applicant Responsibilities:

1. The applicant is responsible for assessing client's eligibility and for other utility assistance programs. If appropriate, clients must be referred to other utility assistance programs.
2. The applicant is responsible for ensuring that all eligible clients are residents of one of the five counties within the Suburban Maryland region, HIV positive, have an assessment including a financial plan conducted by a HIV or a Social Services case manager, and income below 300% of the Federal Poverty Income guidelines.
3. The applicant is responsible for providing financial assistance on an emergency episodic basis that will enable people with HIV/AIDS to maintain essential utilities in their own homes. This assistance involves the provision of funds to redress the financial crises that often occur during the progression of HIV/AIDS. Financial is provided through direct payment made to vendors providing utilities, (including residential telephone, gas, oil, electric, and water services) for people living with HIV/AIDS.
4. The applicant is responsible for designating the amount of funds, which will be allocated to each of the utility categories including residential telephone, gas, oil, electric and water services.
5. The applicant is responsible for addressing the methodology for prioritizing cases, addressing the needs of HIV infected persons with dependent children and a description of limits or maximum allowances.
6. The applicant is responsible for describing how it will coordinate with other providers to accept referrals.
7. The applicant is responsible for maintaining records on utility payments including documentation containing verifiable information that details who received the payment, the purpose of the payment, and the eligibility criteria for recipients. Enrollment in the applicants other services cannot be a prerequisite for emergency financial assistance.
8. The applicant is responsible for demonstrating linkages with the Housing Opportunities for Persons With AIDS (HOPWA) program and describing how clients are linked with HOPWA and other forms of housing assistance.
9. The applicant is responsible for providing directly or demonstrating linkages with HIV case management programs.

Service Category 11 Nutritional Counseling



Nutrition counseling is defined as the provision of nutritional care by a licensed dietician with expertise in HIV/AIDS. The key components of nutritional care are as follows: a risk screening; a complete baseline nutritional assessment; an ongoing assessment and treatment, including self care training, nutrition education, counseling, provision of food supplements, and nutritional consultations with other primary healthcare and supportive service providers. Nutritional management is integral to the care of all HIV infected clients. The provision of nutritional counseling in a primary care setting is the preferred approach for care.

Approximately \$158,729 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for sustaining and increasing the provision of nutritional support services, defined as nutritional assessments, meal planning, and diet management counseling on an individual basis and/or on a group basis (e.g., group dietary counseling services).
2. Counseling services shall be provided by a licensed dietitian and have the goal of developing healthy dietary regimens for people who are HIV positive and give special consideration to a client's drug regimen.
3. Services shall include culturally appropriate nutrition education as well as referral to food assistance programs including Women, Infants and Children (WIC).
4. The applicant is responsible for providing information on safe drinking water.
5. Nutritional services shall be integrated with outpatient HIV primary medical care programs and provide information regarding medication interactions and side effects.

Service Category 14 Home Delivered Food/Nutritional Supplement

Home Delivered Food is defined as the delivery of prepared meals, perishable and nonperishable food items, personal care and/or household items, condiments, and nutritional supplements for persons living with HIV/AIDS and their dependents that are homebound or shelter bound or unable to prepare meals for themselves or access other food programs like food banks. Priority should be given to homebound or shelter bound clients, clients with dependent children and low-income clients. Funds may not be given directly to clients to purchase food or meals.

Approximately \$186,242 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:



Applicants shall provide either Home Delivered Food/Nutritional Supplements (including prepared meals, groceries and nutritional supplements) or Nutritional Supplements only.

1. The applicant is responsible for ensuring grocery services are developed with the supervision of a licensed dietician and whenever possible plans should be coordinated with the clients' caregivers, case managers, etc. Linkages with referrals to other food programs should be established to minimize duplication of services.
2. The applicant is responsible for describing how it will confirm HIV status and screen applicants for eligibility. If waiting lists exist for services, the applicant must describe how such lists will be administered.
3. The applicant is responsible for demonstrating an ability to recognize food safety concerns, including:
 4. Dented cans or previously opened food items;
 5. Maintenance of perishable food items during storage and delivery; and
 6. Expired items.
7. The applicant is responsible for ensuring food handling practices meet the food safety standards as determined by the appropriate jurisdictional Department of Health.
8. The applicant is responsible for providing a minimal amount of safe drinking water in the event of a water emergency as declared by the jurisdiction's Department of Health.
 - a. Applicants must provide information on safe drinking water on a regular basis as part of ongoing services.
9. The applicant is responsible for ensuring home-delivered groceries operate on a weekly basis and provide a sufficient amount of food for a week's worth of meals. Groceries should include:
10. Nutritional supplements to prevent or treat wasting syndrome;
11. Food or special diets including diabetic, renal, vegetarian, as well as religious and personal preferences;
12. Fresh fruits and vegetables; and
13. Food that demonstrates sensitivity to ethnic and cultural food preferences for minority populations.



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14. The applicant is responsible for providing a plan for the preparation and delivery of at least one meal daily that meets 100% of the dietary requirements of homebound or shelter bound persons with HIV disease. The plan for service should include:
 - a. Clinical diets, such as soft, liquid foods or extra portions and should take into consideration any special needs related to diagnostic testing, chronic diarrhea, and other conditions related to HIV disease;
 - b. Supplements to prevent and treat wasting syndrome; and
 - c. Provision of fresh fruits and vegetables.
 15. The applicant is responsible for demonstrating how it will refer clients in outlying areas (out of the delivery area) to other resources and services.
 16. The applicant is responsible for defining and describing its delivery areas and demonstrating the ability to provide services in a timely manner to those areas.
 17. Applicants proposing to provide Nutritional Supplements only are responsible for:
 - a. Describing their process for collecting and delivering supplements;
 - b. Ensuring that the plan for distribution of supplements is supervised by a licensed dietician; and
 - c. Demonstrating linkages with, and process for referral to, other food programs.
 18. The applicant is responsible for providing services to sustain and expand home delivered meals to people with HIV/AIDS with an emphasis on both dietary and cultural food preferences.
 19. Home delivered meals services shall include the delivery of prepared foods, nutritional supplements, and vitamins to homebound individuals and their dependents who are unable to prepare meals for themselves. Services will be targeted to home or shelter bound individuals.
 20. Meal plans shall be developed under the supervision of a licensed dietician and, as applicable, plans should be coordinated with the client case manager.
 21. The applicant is responsible for demonstrating sensitivity to ethnic and cultural food preferences for specific groups targeted in the service plan.
 22. Services shall include coordination and distribution of medically prescribed dietary supplements.



Service Category 15

Case Management - Discharge Planning

Case Management- Discharge Planning is defined as the provision of case management services for HIV positive individuals soon to be released from correctional facilities, community hospitals, and mental health or substance abuse treatment centers. The case manager works closely with the staff at these locations to develop a transitional care plan for each individual that will ensure continuity of care; medical, medications, and psychosocial services, etc. and timely access to emergency financial assistance, housing, food services, substance abuse counseling/referrals, and other needed services, as each returns to the community. Federal CARE Act regulations only allow for the use of these funds to support discharge planning activities for inmates within 30 days of release. For a period of up to 90 days after the HIV positive client is discharged, the case manager follows the client to ensure that the care plan is being effectively implemented.

Approximately \$43,386 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing discharge planning and specialized case management in the county and state correctional facilities for HIV positive individuals soon to be released; and in hospitals, substance abuse treatment facilities, and mental health treatment facilities for HIV positive individuals soon to be released. These funds are not to supplant current discharge planning program funds of the institutions, but are to enhance existing initiatives.
2. The applicant is responsible for working with the county and state correctional facilities, hospitals, substance abuse treatment facilities and mental health treatment facilities to identify HIV positive individuals and to draw up a transitional case plan for each inmate that will ensure continuity of care (medical, medication, psycho-social services, etc.) and timely access to emergency financial assistance, housing, food services, vocational rehabilitation, substance abuse counseling/referrals, and other needed services, as each returns to the community.
3. The applicant is responsible for demonstrating established linkages with the county and state correctional facilities, hospitals, substance abuse treatment facilities and mental health treatment facilities and providing copies of Memoranda of Understanding and/or access agreements.
4. The applicant is responsible for demonstrating established linkages with existing HIV/AIDS service providers.



Service Category 18 Peer/Paraprofessional Support Groups

Peer/Paraprofessional support groups are defined as groups to be led either by peer leaders or professionals trained in psychosocial issues. The support groups should provide emotional support, information related to medical or psychosocial issues and wellness topics.

Approximately \$7,407 in Ryan White funds will be available to fund this Service Category.

Applicant Responsibilities:

1. Support group services shall coordinate or directly provide ongoing peer-led support groups for people with HIV/AIDS;
2. Groups can be led or co-led by peer-facilitators or professionals appropriately trained in psychosocial issues.
 - a. Peer-led support groups are defined as group interactions led by peers focusing on emotional support, sharing of experiences and exchange of information;
 - b. Psychosocial support groups are short-term groups (8-12 weeks) led by at least one professional including dietitians, herbalists, case managers or health educators, who provide emotional support and didactic information related to medical or psychosocial issues and to wellness topics including alternative and/or complementary therapies;
 - c. Priority will be given to support groups serving African Americans, Latinos, HIV infected and/or affected parents. It is anticipated that funding will result in one-third of peer-led group hours (i.e., the number of group hours times the number of people in each group) being indigenous culturally appropriate peer-led and special needs groups. Token stipends could be given as an incentive to recruit and retain peer-group leaders indigenous to these target populations that have highly specialized needs and low-income levels.
3. The applicant is responsible for describing how it will offer directly or through referrals culturally and linguistically appropriate services.

Service Category 20 Childcare/Babysitting

Childcare/Babysitting is defined as the provision of care for children of clients who are HIV positive or children whose sibling is HIV positive while the clients are attending medical or other essential HIV related psychosocial appointments. This does not include childcare while a client is at work.



Approximately \$21,693 in Ryan White funds is available to fund this Service Category.

Applicant Responsibilities:

1. The applicant is responsible for providing facility or home-based intermittent childcare for children of a parent who has HIV disease. Childcare will be offered in conjunction with funded providers to enable a parent to keep essential medical, mental health, or other health, social service appointments.
2. Applicants must document complete Criminal Background Investigations (through local police departments) on all paid and volunteer service providers working with children. All Investigations must be on file prior to the commencement of service. Applicants must have established linkages with primary medical care, case management, mental health, and substance abuse providers.
3. The applicant is responsible for describing how they will provide directly, or through referral, culturally sensitive care and services, including bi-lingual and bi-cultural services.
4. The applicant is responsible for demonstrating its ability to meet State regulatory guidelines and licensure requirements governing childcare.
5. Applicant proposing to use a voucher program must describe in detail the plan for implementation.

Service Category 21 Outreach/Referral to Primary Medical Care and Related Services

Outreach/Referral to Primary Medical Care and Related Services is defined as the provision of a centralized outreach/referral service that will hire, train and supervise outreach workers who will conduct outreach activities on behalf of all HIV service providers. The goal of this service is to assure that persons living with HIV/AIDS (new clients as well as clients who have not received services for six months or more) are linked up with primary medical and other services they need.

Target sub-populations that outreach workers shall serve include: Africans Americans (especially African American youth between the ages of 14-24 and African American women of child bearing ages); gay and bisexual men; heterosexual men; Latinos; women; women with dependent children; adolescents; substance abusers; the mentally ill; the homeless; pre- and post- release incarcerated individuals; lesbians; seniors; and the transgender population. Programs can propose to serve one or more of the target sub-populations.

Approximately \$50,264 in Ryan White funds will be available to fund these services.



Applicant Responsibilities:

1. The applicant is responsible for providing a centralized outreach/referral program that will hire, train and supervise outreach workers who will conduct outreach activities on behalf of all HIV service providers.
2. The applicant is responsible for demonstrating that special emphasis will be placed on linking clients with primary medical care and related services. Outreach workers hired by the centralized program should be appropriately trained, culturally competent and reflective of the community he/she will serve.
3. The applicant is responsible for submitting Memorandum of Understanding (MOUs) with Ryan White funded vendors and other HIV service providers in the appropriate jurisdiction to demonstrate coordination with the existing HIV service delivery system.
4. The applicant is responsible for describing their methodology for conducting and documenting follow-up on clients referred to specific agencies/organizations for services, and for documenting successful and non-successful referrals. Applicant must detail their policies and procedures related to client confidentiality, release of information and collaboration with other agencies.
5. The centralized provider will be required to assure that outreach workers:
 - a. Stay well informed about the availability of HIV/AIDS health care and support services; stay abreast of HIV/AIDS related current events and medical treatments; are knowledgeable of the eligibility requirements, guidelines and procedures associated with accessing the available services.
 - b. Develop and maintain relationships and collaborate with HIV/AIDS service providers to ensure referrals and continuity of care for persons with HIV/AIDS.
 - c. Conduct community outreach activities to identify individual's seeking/needing care.
 - d. Conduct risk/needs assessments on individuals seeking/needing care.
 - e. Motivate individuals of the target populations to enter into, and/or continue receiving health care and support services.
 - f. Refer individuals to appropriate/needed services and follow up to assure that individuals/families get connected with and are receiving the appropriate services.



- g. Record and maintain specific demographic data (as specified by the Administrative Agency) on all contacts (including face-to-face and telephone contacts) and referrals (including specific agencies clients are referred to, and the specific services the clients are seeking from those agencies), and submit written reports as required by the Administrative Agency.
- 6. The centralized provider will be responsible for maintaining quality assurance standards as developed by the EMA Planning Council and the local jurisdictions.
- 7. The centralized program shall be located within the boundaries of the Suburban Maryland (Prince George's, Montgomery, Charles, Frederick, or Calvert) counties.

Service Category 21a. Minority AIDS Initiative (MAI) - Outreach/Referral to Primary Medical Care and Related Services

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined service level health outcomes and indicators.

Approximately \$79,257 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

- 1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 21 Outreach/Referral to Primary Medical and Related Services** above.
- 2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant is responsible for providing documentation of their history services to the targeted community.
 - c. The applicant is responsible for documenting links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.



Service Category 22

Legal Services

Legal Services are defined as the provision of expert legal assistance directly necessitated by a person's HIV status. Attorneys and/or paralegals assist persons with HIV/AIDS in the following areas: child custody; HIV/AIDS discrimination; immigration; development of wills and trusts; durable powers of attorney and advanced directives; appeal of entitlement denials; breach of confidentiality, Do Not Resuscitate orders, bankruptcy proceedings, and other appropriate professional legal services necessary to ensure access to benefits to which the client is entitled.

Approximately \$31,217 in Ryan White funds is available to fund this Service Category.

Applicant Responsibilities:

1. The applicant is responsible for providing legal services, utilizing attorneys and/or paralegals, to assist persons with HIV/AIDS in the following areas: child custody; HIV/AIDS discrimination; immigration; development of wills; durable powers of attorney and advanced directives; appeal of entitlement denials; and other appropriate professional legal services.
2. Attorneys providing services must be members of the State Bar Association or have the privilege of reciprocity.
3. Applicant is responsible for describing how clients will access services.

Service Category 26 Interpreter Services

Interpreter services are defined as the provision put into place to assist non-English speaking individuals that need translation and/or interpretation in order to access the essential HIV treatment and services. Services include language translators, sign language interpreters, or other oral assistants needed to insure information is accurately communicated.

Approximately \$6,878 in Ryan White funds will be available.

Applicant Responsibilities:

1. The applicant is responsible for providing translation services in a multitude of languages to people with HIV/AIDS who do not speak English as their primary language or who are deaf or hard of hearing. The purpose of interpretation assistance is to facilitate PLWH/A access to the full spectrum of AIDS/HIV treatment/support agencies.



2. The applicant is responsible for providing interpreter services directly or operating a central referral bank providing interpreter services.
3. Translators and interpreters shall have technical language knowledge of health care terms; knowledge of HIV/AIDS terminology is preferred.
4. The applicant is responsible for working closely with medical providers to help improve access to care for all clients needing interpreter services.

Service Category 27 Health Education/Risk Reduction

The provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission, especially those who are engaging in high risk behaviors. It includes the provision of information, including dissemination about medical and psychosocial support services to help clients with HIV improve their health status.

Approximately \$61,375 will be available in Ryan White funds to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for obtaining, preparing and distributing information about primary medical, psychosocial support services and counseling to educate clients with HIV about methods to reduce the spread of HIV and high risk behaviors.
2. Applicant will be responsible for submitting MOUs with key points of entry including, but not limited to, emergency rooms, substance abuse treatment programs, detoxification center, STD clinics, HIV counseling and testing sites, mental health programs, homeless shelters, and other HIV/AIDS service organizations.
3. Applicant is responsible for submitting MOUs with Ryan White funded vendors and other HIV service providers in the appropriate jurisdiction to demonstrate coordination with the existing HIV service delivery system.
4. The applicant is responsible for describing their target populations, demonstrating their ability to provide culturally appropriate materials to the target populations and describing the methods for distributing information.
5. The applicant is responsible for demonstrating its ability to assess client's risk behaviors, develop risk reduction plans that include follow-up to promote adherence to the risk reduction plans and provide appropriate educational materials.
6. The applicant is responsible for demonstrating its ability to provide appropriately trained and culturally responsive staff.



7. The applicant is responsible for describing the process for identifying clients and accepting referrals.
8. The applicant is responsible for describing their methodology for conducting and documenting follow-up on clients referred to specific agencies/organizations for services, and for documenting successful and non-successful referrals. Applicant must detail their policies and procedures related to client confidentiality, release of information and collaboration with other agencies.
9. The applicant is responsible for insuring that materials distributed are HIV-related and have been approved by CDC or the state health authority. Materials that are not CDC or state approved, must be submitted to the Prince George's County Health Department Ryan White Program for approval prior to distribution.

Service Category 33 Respite Care

Respite care is defined as the provision of support services intended to be short-term, temporary relief to the primary caregiver responsible for providing day-to-day care of a client or client's child. The assistance is provided either in the home or community by a nonprofessional with no medical expertise. Funds can only be used if there are no other funding source available or the client is in the process of applying for alternative funds to cover this service.

Approximately \$24,867 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing innovative and cost effective programs designed to relieve the primary care giver responsible for providing care for clients with HIV/AIDS or the client's child. Respite care will afford periods of rest, relaxation, and recuperation for adult family members and/or significant others who are personal care givers for persons with HIV/AIDS;
2. The applicant is responsible for demonstrating its ability to place persons trained in providing in-home relief. Respite care workers will be trained by the provider and will adhere to the policies and procedures of the provider;
3. The applicant is responsible for demonstrating the ability to complete and maintaining records of background checks and a minimum of three references on all respite care workers. Applicant shall ensure that background checks are obtained through local law enforcement agencies;



4. The applicant is responsible for describing how it will provide either directly or through referral, culturally sensitive respite care workers, including bilingual and bicultural persons;
5. The applicant is responsible for describing how it will work with clients at the earliest stage of HIV infection as well as those with end stage diagnosis of AIDS. Program performance will be measured by the number of hours of care given;
6. The applicant is responsible for demonstrating linkages within the jurisdiction to set up a referral network for respite care services and establish linkages with home health/hospice providers to assure referrals when appropriate.

Service Category 39 Volunteer Coordination

Volunteer coordination is defined as the provision of trained volunteers to HIV service providers. The volunteer coordinator is responsible for recruiting, training, placing and monitoring the volunteers.

Approximately \$47,090 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for developing and administering volunteer recruitment, training, placement, support, monitoring and supervising services in conjunction with existing community based HIV service providers.
2. The applicant is responsible for describing how they will assure client confidentiality.
3. The applicant is responsible for demonstrating how it will expand the recruitment and retention of culturally appropriate volunteers, including bicultural and bilingual volunteers indigenous to the target population(s); and how they will expand recruitment and retention of volunteers with highly specialized needs and low income levels by providing tokens to assist with transportation or other volunteer related costs.
4. The applicant is responsible for demonstrating its ability to recruit, screen, train, manage and deploy culturally appropriate and competent volunteers to assist HIV providers with tasks including mass mailings, coordinating events, resource development and administrative duties that enhance the providers ability to serve their clients.
5. The applicant is responsible for describing the methodology for accepting requests from and deploying volunteers to other HIV service providers.
6. The applicant is responsible for drawing upon traditional and nontraditional recruitment strategies, utilizing a network of churches, community groups, businesses and schools to obtain volunteers.



7. Applicant is responsible for submitting MOUs with Ryan White funded/vendors and other HIV service providers in the appropriate jurisdiction to demonstrate coordination with the existing HIV service delivery system.

Service Category 40 XPRES/Data Management

XPRES is the required data management system for all Title I funded providers.

Applicant Responsibilities:

1. Applicants may apply for up to 3% of their requested funds to support personnel responsible for data entry using the XPRES software, the preparation of reports and the preparation of the HRSA required Care Act Data Report (CADR).
2. The applicant is responsible for describing how it will assure the accuracy of the data, their process for updating XPRES data elements as client information changes, and their process to assure that reportable cases of AIDS are being reported.

Details regarding the specific XPRES reports that will be required as part of the monthly reporting requirements will be provided upon award.



SECTION V REVIEW AND SELECTION OF APPLICATIONS

Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each applicant's application, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. The Prince George's County Health Department shall make the final funding determinations.

Applicants' submissions will be objectively reviewed against the following specific scoring criteria listed below.

SCORING CRITERIA

Criterion A Theoretical and Technical Soundness of the Proposed Plan and Operation (**Total 30 Points**)

1. The objectives of the proposed project are clearly defined, measurable and time-specific. **(5 Points)**.
2. The proposed activities and work plan will result in the accomplishment of the project objectives. The proposed project will contribute to the achievement of the established objectives in the designated priority area(s). **(5 Points)**
3. The soundness of the proposed methodology/approach is demonstrated. Copies of protocols and/or operating procedures are provided, and are appropriate for the methodology proposed, i.e., hours of operation. **(5 Points)**
4. The proposed impact of the program on the target population(s) is clearly delineated and justified: **(5 Points)**
5. By the extent to which the program will enhance and ensure geographical and physical access to services and address identified barriers to care for the target population(s);
6. By the extent to which the proposed project/services will meet the specific needs of the target population(s).
 1. The proposed project will enhance the continuity of patient care. **(5 Points)**
 2. Appropriate Memorandums of Understanding that demonstrate formal linkages and/or collaboration with other service providers are included. **(5 Points)**



Criterion B Relevant Experience and Organizational Capability (Total 40 Points)

Previously funded applicants shall describe how Ryan White Title I services were provided and describe the level of compliance with service delivery and expenditure target goals for the period of March 1, 2004 through September 30, 2004.

Applicants not currently receiving Ryan White Title I funds in the service categories for which funding is requested shall demonstrate the ability to achieve stated objectives, meet annual service delivery targets and effectively utilize funds requested through evidence of an aggressive marketing plan/program and linkages with referral resources including other service providers of the target population(s), i.e., referral agreements, memorandums of understanding, shared service arrangement, partnerships, coalitions, etc.

1. The application demonstrates the knowledge and experience relevant to the service applied for and in serving the target population, including: **(15 Points)**
 - a. Demonstrated support for the project from the Board of the organization applying;
 - b. The proposed project represents an expansion of an already existing program;
 - c. The applicant demonstrates competence in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff; and
 - d. The applicant has relevant experience with the population(s) and geographic area(s) to be served.
2. The proposal demonstrates cultural competency, sensitivity and appropriateness (racial, ethnic, economic, gender, disability, sexual orientation, etc.) by the following: **(15 Points)**
 - a. The applicant has identified and has gained an understanding of issues affecting the target population(s) by providing a mechanism for input from community leaders, civic organizations and advocates for and/or members of the target population(s) in planning and implementation of proposed services;
 - b. Members of the target population (or in the case of children, adolescents, active substance abusers, homeless and the chronically mentally ill, persons with experience in advocating for the target population(s)) are represented among staff, management, the board of directors and/or advisory body/bodies;
 - c. Language issues are addressed through the availability of staff with appropriate communication skills, including American Sign Language (ASL);



- d. Sensitivity to issues of race/ethnicity, gender, culture/lifestyle and sexual orientation is demonstrated through the establishment of operating procedures which are accommodating and staffing policies which are compatible to the needs of the population(s) to be served;
 - e. A completed Attachment D: Capacity to Provide Culturally Competent Services, is included in the application Appendices.
3. The applicant demonstrates the capacity to administer the proposed program. **(5 Points)**
 4. The applicant demonstrates provision of flexible schedule that provides for evening and weekend hours of operation. **(5 Points)**

Criterion C Sound Fiscal Management and Reasonable Budget (Total 20 Points)

1. The applicant demonstrates that the proposed budget is reasonable, realistic and will achieve project objectives. **(4 Points)**
2. The applicant demonstrates sound fiscal management practices through the description of their accounting system. **(4 Points)**
3. The applicant demonstrates financial stability through the description of sources of funding (other than Ryan White funds) and demonstrates capability to implement and maintain service delivery and administrative operations under a cost-reimbursement grant. **(7 Points)**
4. The applicant describes policies and procedures in place to ensure that Ryan White Title I funds will be used as the funds of last resort in accordance with the Ryan White CARE Act. **(6 Points)**

Criterion D Evaluation/Quality Assurance (Total 10 Points)

1. The applicant provides evidence of how it will comply with quality assurance protocols developed by the Ryan White Planning Council, the US Public Health Service, the jurisdictional Administrative Agency or other recognized bodies for the delivery of various health and support services as is appropriate to the service. **(5 Points)**
2. The applicant provides evidence of how the various services delivered will be evaluated. Evaluation will be with respect to performance outcomes and attainment of program targets. **(5 Points)**



Decision on Awards

The recommendations of the review panel are advisory only and are not binding on the Prince George's County Health Department. After reviewing the recommendations of the review panel, consideration of prior experience, consideration of past performance and any other information considered relevant, the Health Department shall decide which applicant to award funds and the amount to be funded. The final decision on awards rests solely with the Prince George's County Health Department Health Officer.



SECTION VI

APPLICATION FORMAT

Applicants are required to follow the format below. Each application must contain the following information and shall be divided by index tabs that clearly mark each section:

- Applicant Profile (**See Attachment A. Not counted in page total. Must be affixed to the outside of each envelope**)
- Application Checklist Form (**See page 3**)
- Table of Contents (**2 Pages**)
- Abstract (**2 page**)
- Project Description (**10 pages**)
- Organization, Experience and Qualification of Applicant (**5 pages, organizational chart and Table 3**)
- Applicants staff and subcontractor information (**3 pages**)
- Program Budget and Budget Narrative (**Not counted in page total**)
- Certifications and Assurances (**Place this information in the Assurance Package. Not counted in page total**)
- Appendices (Resumes, Organization Chart, Position Descriptions, etc.) (**Not counted in page total**)

The number of pages designated for each section (bulleted items above) is the maximum number of pages permitted per section. Applicants should feel free to submit fewer pages than the maximum stated. However, the maximum number of pages for the total application **cannot exceed 23 double-spaced pages (no single-spaced pages; any bulleted items must also be double-spaced) on 8½ by 11-inch paper. Margins must be no less than one inch and a font size of 12-point is required. All pages must be consecutively numbered. The review panel shall not review applications that do not conform to these requirements.**

Description of Application Sections

The purpose and content of each section is described below. Applicants should include all information needed to adequately describe their objectives and plans for services. It is important that applications reflect continuity among the goals and objectives, program design and activities, and that the budget demonstrates the level of effort required for the proposed services.



Applicant Profile

Each application shall have a completed Applicant Profile (Attachment A) affixed to the outside of each envelope, which identifies the applicant, type of organization, service category and the amount of grant funds requested.

Table of Contents

The Table of Contents should list all sections of the application with quick reference page indexing.

Abstract

This section of the application should provide a summary overview of the applicant's total grant application. The applicant should highlight exemplary aspects of its proposed program and relate these to the selection criteria.

Project Description

This section of the application should contain the program narrative that justifies and describes the program to be implemented. The program narrative should include the following:

1. Target populations to be served;
2. Specific, measurable program objectives for the service area of the application;
3. Specific services to be provided;
4. Number of service units to be provided;
5. Service methodology/approach;
6. The number of unduplicated clients to be served;
7. The impact of the proposed project;
8. The cultural relevancy and appropriateness;
9. The extent to which access barriers to the target are addressed;
10. The extent to which continuity of patient care will be enhanced;
11. Quality assurance mechanism(s) including quality improvement plan and quality assurance implementation plan; and



12. Discussion of implementation of evaluation plan (include complete evaluation plan).

The application must include separate program descriptions and delineation of activities needed to achieve the service objectives and budget with budget narrative justification for each distinct service for which funding is being requested. An evaluation plan, specific to each service area for which grant funds are being requested, must also be provided. The evaluation component should be included in the appendix and referenced in the program description for each service.

Organization, Experience and Qualifications of Applicant:

Applicants must provide the following information in this section:

1. Name, address, telephone number and Federal tax ID number are required. District of Columbia applicants must submit a DUNS number. To acquire a DUNS number, call 1-800-333-0505;
2. Name, title, address and current telephone number of applicant's contact person;
3. Information about previously performed grants or contracts for related work over the past five years with federal government or local governments in eligible jurisdictions, including grant or contract numbers and inclusive dates, amounts, and the name of the grant officers (and/or his/her technical representative). A specific description of services provided, using terms, phrasing and abbreviations understandable at the lay person's level; and
4. Applicant's qualifications, experiences and management, staffing, training, and service facility description to demonstrate capacity to meet requirements of this grant program.

Applicants shall be required to maintain an accounting system in accordance with generally accepted accounting principles. Such records shall be made available to the funding agency, upon request. Organizations who received more than \$300,000 in Fiscal Year 1999 must submit a copy of their most recent OMB A-133 or A-128 audit with their application, in accordance with Federal law. Include a copy of the audit in the assurance packet.

The application shall contain information regarding the applicant's organizational structure, current financial status, and financial stability including:

1. Current certified statement of the applicant's financial condition (not more than twelve months old and prepared by an independent CPA, who is not an employee of the applicant). Include a copy of the financial statement in the assurance packet;
2. An organizational chart that lists full-time personnel within each organizational unit of the applicant's organization; and



3. A description of the applicants accounting system to demonstrate sound fiscal management practices;
4. A description of the applicants policies and procedures in place to ensure that Ryan White funds will be used as funds of last resort;
5. A description of the applicant's sources of funding (other than Ryan White funds) to demonstrate capability to implement and maintain service delivery and administrative operations under a cost reimbursement grant.
6. The name of the Chief Executive Officer and other key managers, by title, which will have major policy and decision-making responsibilities for this grant, if awarded.

Each jurisdiction reserves the right to request additional information regarding the applicant's organizational status and to require the applicant to obtain an appropriate license, registration or certification to transact business in the jurisdiction if such license, registration or certification is required by law.

Applicant's Staff and Subcontractor Information:

The applicant shall list the names and titles of top management, line supervisory, and key professional personnel who will be assigned to the proposed project and state the percentage of time each will devote to the project in total for each distinct service area for which funding is requested. Applications must include resumes and job descriptions. Resumes and job descriptions must be placed in the appendix.

Resumes must include the following:

1. Full name;
2. Title and area of specialty;
3. Affiliation with the project (staff of applicant or subcontractor);
4. Experience directly related to the proposed project. If the individual worked on any of the previous Federal, District government or other eligible local government grants or contracts cited in Section I of the RFA, they should be referenced by number;
5. Education/training/publications;
6. Staff or subcontractor staff employed by or under contract with the applicant as of the date of proposal submission are to be included, as well as staff which will be hired upon award of the grant if staff will provide services relating to the grant; and



7. Documentation that each of these management key personnel possesses adequate education, training and experience to perform the duties to which they are assigned. Staff persons must meet all applicable requirements for certification and or licensing, and shall be adequately trained to perform required duties.

Job descriptions must include the following:

1. Education requirements;
2. Experience requirements;
3. Certification requirements;
4. Description of duties and responsibilities;
5. Hours of work;
6. Salary range; and
7. Performance evaluation criteria.

Job descriptions must be specific to the position to be funded. Submission of generic job descriptions or existing job description for similar type positions is unacceptable. The job description must also specify requirements relative to accountability and supervision. When hiring staff, written work experience and personal references must be obtained and documented.

Applications must describe the manner in which the proposed staff and any subcontractors will be managed and what the reporting relationships will be. The name of each proposed staff member or subcontractor staff and the percentage of time that each will devote to the project shall be depicted. Include in the appendix any memoranda of understanding (MOUs) or subcontracts for any services to be provided under this grant.

For those programs wherein ten percent (10%) or more of the population to be served is comprised of minority persons, applicants are required to provide evidence of the bilingualism/biculturalism of the Board of Directors, management, and staff of the organization. Applicants are also required to complete Table 3, *Documentation of Composition of Board of Directors and Management*.

Proposed Budget and Budget Narrative Justification:

Applicants must provide a detailed budget for the expenditure of funds for each proposed service. The budget must clearly state all cost and price information on activities required to implement the project. Budget requests must be itemized with an accompanying brief narrative



justification of each major budget item. The budget justification must also reflect any in-kind and non-grant resources supporting the proposed service(s). **All funds are to support HIV care services and cannot be used to provide direct financial assistance to individuals with HIV disease or to fund education and training.**

The applicant's budget must identify the total number of staff persons required and the specific time allocation for each staff member working to provide the service(s). Any proposed agreements with subcontractors must also be clearly identified in the budget.

XPRES Data Management Plan Budget Narrative:

XPRES is the required data management system for **all** Title I providers in the Washington Metropolitan EMA. Applicants may apply for up to 3% of their requested funds to support personnel and equipment responsible for data entry using the XPRES software, the preparation of the XPRES reports, and the preparation of the HRSA CARE Act Data Report (CADR).

Applicants shall submit a data management budget narrative describing how their XPRES funding will be used. The Planning Council has set aside this money to assist the provider in maintaining a computerized log of services provided to clients, using the required XPRES system. The data management budget narrative may contain amounts needed for hardware (such as computer and/or printer), for coding data forms, for data entry, for data reporting, and/or for management of these tasks. Staff for data coding and data entry may be part-time staff hired through temporary agencies.

Agencies will no longer be permitted to submit manually kept records. Agencies will no longer be permitted to substitute other electronic data reporting systems for XPRES. Agencies that are not compliant with using XPRES will not be considered for continued funding.

Certifications and Assurances (Assurance Package):

Applicants seeking funding shall complete and return one (1) unbound original and three (3) copies in a sealed envelope, of all required certifications and affidavits with the Certifications Checklist included as stated in the Mandatory Application Requirements, Section I. The envelope must be sealed and the Applicant Profile (Attachment A2) must be affixed to the outside of the envelope.

ORGANIZATIONS THAT SUBMIT INCOMPLETE ASSURANCE PACKAGES MAY NOT HAVE THEIR APPLICATION (S) CONSIDERED FOR FUNDING.



Appendices:

13. TABLE A: Scope of Work (Attachment G);
 14. Time Specific Work Plan;
 15. A copy of any specific license or certifications required to perform the service;
 16. Resume of each individual that will be funded by this grant;
 17. Job descriptions for all positions that will be funded by this grant;

 18. Evaluation Plan;
 19. Copies of all Memoranda of Understanding (MOU) and/or Subcontracts related to providing services funded by this grant;
 20. Copies of letters of collaboration/linkage with other service providers;
 21. Capacity to Provide Culturally Competent Services (Attachment D);
 22. Linkage With Other Service Providers (Attachment E);
 23. Documentation of Composition of Board of Directors and Management (Attachment F); and
 24. Service Protocols (Attachment H).
-
- e. All applicants must provide a statement (on organizational letterhead) certifying that you will adhere to a specific service protocol;
 - f. Applicants using a standard national/state protocol must include a copy of the title page and table of contents;
 - g. Applicants using a protocol approved by the Metropolitan Washington Regional Health Services Planning Council or the jurisdictional Administrative Agency must include a copy of the first page of that protocol; and
 - h. If there is no national/state or Planning Council approved protocol for the service area for which applicants are applying, and applicants are adhering to an internal organizational protocol, the entire protocol must be provided.



SECTION VII

SUBURBAN MARYLAND GRANT TERMS AND CONDITIONS

All grants awarded under this program, shall be subject to the following terms and conditions:

1. Technical Assistance

The Prince George's County Health Department, Ryan White Title I Program shall offer technical assistance for issues related to this RFA.

Contact: Devi C. Ramey, Ryan White Program Chief
Prince George's County Health Department
1701 McCormick Drive, Suite 210
Largo, MD 20774
(301) 883-7848 / Fax (301) 883-7893
Email dcramey@co.pg.md.us

Technical assistance will be offered as detailed in Section I of this RFA.

2. Audits

- a. At any time or times before final payment and three (3) years thereafter, the Administrative Agencies (District of Columbia Department of Health and/or the Prince George's County Health Department) may have the organization's expenditure statements audited.
- b. The organization shall retain independent auditors to audit all projects which are funded by a Ryan White grant award on an annual basis, or at such time as the Federal, State or the County shall determine, in accordance with OMB Circular No. A-133.
- c. Applicants with annual budgets of more than \$500,000 must submit an audit in compliance with OMB Circular No. A-133 for the calendar year or fiscal year that included 2003. The audit must be submitted with this application. Applicants with annual budgets under \$500,000 must submit a Certified Financial Statement (prepared by an independent CPA) for the 2003 calendar year or fiscal year that included December 2003. The Certified Financial Statement should be comprehensive, covering all sources of funding, and include a signed and dated Independent Auditor's Report and a Schedule of Findings. The Certified Financial Statement must be submitted with this application.



3. Insurance

During the term of the grant, all organizations will be required to obtain and keep in force commercial general liability insurance, to include off premises activities when applicable, covering bodily injury, death, and property damage in the minimum amounts of two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence. All organizations shall be required to maintain physical and sexual abuse liability coverage in the amount of one hundred thousand dollars (\$100,000) per individual and three hundred thousand dollars (\$300,000) per occurrence. All Certificates of Insurance must list the specific applicable dollar amounts as described herein. Organizations may be required to carry additional insurance depending on the service areas provided under the terms of their award, as follows:

- a. The organization shall carry employer's professional liability coverage of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.
- b. In instances where organization-owned vehicles are utilized in transporting clients served or employees and/or consultants funded by this project, the organization shall carry comprehensive automobile liability insurance covering all automobiles used in connection with the grant. The policy shall provide for bodily injury, death, and property damage liability in the minimum amounts of Two hundred thousand dollars (\$200,000.00) per person and Five hundred thousand dollars (\$500,000.00) per occurrence.
- c. The organization shall carry workers' compensation insurance covering all of its employees employed upon the premises and in connection with its other operations pertaining to the grant agreement, and shall comply at all times with the provisions of the workers' compensation laws of the State of Maryland or other eligible jurisdiction, as applicable.
- d. Organization **must include original** Certificates of Insurance for all insurance requirements as detailed by this section in grant proposals submitted for consideration. All Certificates of Insurance shall set forth Prince George's County Government as a Certificate Holder and as Additional Insured. All insurance shall be written with responsible companies licensed by the State of Maryland. The policies of insurance shall provide for at least thirty (30) days written notice to the Prince George's County Health Department, Ryan White Title I Program prior to their termination or material alteration. All certificates must have an original written or stamped signature. Copies are not acceptable.



4. **Compliance with Tax Obligations**

Prior to execution of a grant agreement as a result of this announcement, a recipient must be in compliance with tax requirements in the State of Maryland or other eligible jurisdiction and with Federal tax laws and regulations. Nonprofit organizations must register annually to meet tax exemption requirements.

5. **Drug-Free Workplace**

The organization agreement shall contain a provision requiring the organization to abide by the certifications contained in this announcement (Attachment B).

6. **Vendor Assurances**

The organization shall submit and comply with all document requirements as determined by the Prince George's County Government. The following documents will be included for completion with the organization agreement:

- a. Vendor Oath and Certification
- b. Certification of Assurance of Compliance Regarding Fair Labor Standards Act
- c. Bidder/Offer or Affidavit and Statement of Ownership
- d. Certification of Assurance of Compliance Regarding Suspension and Debarment
- e. Corporate Acknowledgment - Whenever the County is contracting with a corporate entity or partnership, an acknowledgment must be executed in order to assure the County that the person signing the document on behalf of the entity has the authority to bind the entity to the terms and conditions of the agreement. This Corporate Acknowledgment must be notarized.

7. **County Regulatory Requirements**

- a. Organizations seeking funding for Food Bank and Home Delivered Food (Meals or Groceries) services must include a copy of the current Food Permit issued by the Food Protection Division of Prince George's County Government or the appropriate jurisdiction with proposal.
- b. Organizations seeking funding for Childcare services are required to comply with the regulations set forth by the Day Care Licensing Division of Prince George's County or the appropriate jurisdiction. Organizations seeking funding in any service areas that include work with children are required to complete Criminal



Background Investigations (conducted through local law enforcement agency) on all paid and volunteer service providers.

- c. Organizations employing or contracting with Health Care Professionals licensed under Health Occupations Code must include copies of the appropriate Maryland licenses with grant proposals.
- d. All services must be delivered in accordance with the State of Maryland Code of Regulations (COMAR).

8. Confidentiality

The applicant must demonstrate that they will protect the identity of those HIV infected persons receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage (Annotated Code of Maryland, Health General, Sections 4-301 through 4-309 and other Federal, State and County laws and policies).

All Covered Entities and Business Associates (as defined by the HIPPA Privacy Standards) must comply with HIPPA.

9. Quality Assurance

The organization will agree to participate in a quality assurance and record review process established by the Prince George's County Health Department, the District of Columbia Department of Health and the Planning Council.

10. Compliance with the Americans with Disabilities Act

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations.

11. Client Satisfaction and Grievance Procedure

The organization will agree to maintain and disseminate information regarding the client grievance process and will provide a mechanism for assessing client satisfaction with services.

12. Term

The term of the Year 15 grant year shall be March 1, 2005 through February 28, 2006.

13. Availability of Funds



The funds listed in this RFA are projections. The actual amount allocated to a given service area are not known at this time. The funds for each service category will depend upon the receipt of funds from HRSA, to the Title I Eligible Metropolitan Area and allocation plan approved by the Planning Council.

14. Budget

A complete set of budget forms must be submitted for each service area for which you are requesting funding. Budget forms and instructions are included in Attachment K.

15. Information Systems

During the term of the grant, organizations are required to obtain and maintain all hardware, software and training necessary to collect and report all data via XPRES data collection tools provided by or approved by the HAA and/or the Prince George's County Health Department.



SECTION VIII LIST OF ATTACHMENTS

| | |
|-----------------------|---|
| Attachment A: | Applicant Profile |
| Attachment B: | Certifications/Federal Assurances |
| Attachment C1: | Application Receipt |
| Attachment C2: | Assurance Package Receipt |
| Attachment D: | Capacity to Provide Culturally Competent Services |
| Attachment E: | Linkage with Other Service Providers |
| Attachment F: | Documentation of Composition of Board of Directors & Management |
| Attachment G: | Table A Scope of Work |
| Attachment H: | Quality Assurances and Protocols |
| Attachment I: | Budget and Budget Narrative |
| Attachment J: | FY 2004 Implementation Plan (Table 10) |
| Attachment K: | EMA Wide Assurance Checklist |